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### A Unique Type of Loneliness: Infertility in Nineteenth-Century America

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A UNIQUE TYPE OF LONELINESS:  
INFERTILITY IN NINETEENTH-CENTURY AMERICA

By

ABIGAIL BUTLER

Submitted to the Faculty of the Graduate College of  
Arkansas Tech University  
in partial fulfillment of the requirements  
for the degree of  
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## Abstract

Many diaries and letters written by nineteenth-century Americans display the aching for parenthood and pain of loss due to miscarriage. Though some women felt joy or relief when they recognized they had miscarried or were not pregnant, infertility negatively affected the everyday lives of many men and women in the nineteenth century. Infertility not only disturbed their personal beliefs of family and their role in society, but could cause marital discord, feeling outcast from society, and could lead to other health problems. Women in slavery faced even more serious consequences that included being sold away from their family and/or receiving corporal punishment. At the same time, the experiences of those women began to shape the field of embryology. Surgeries and treatments were not always successful, and some women were left to struggle with their infertility. Other options for motherhood came from adopting orphaned or abandoned children or alternative mothering through careers like teaching, nursing, or writing novels. The role of parent was crucial to the nineteenth-century community and infertility prevented many would-be parents from experiencing the joy of starting a family. While infertility in the nineteenth century is a mostly unexplored topic, the diaries, letters, and interviews of these women show the effect that their infertility had on their lives, and how they reacted to it, providing insight into the everyday lives of men and women in the nineteenth century.

## Table of Contents

	Page
ABSTRACT.....	iv
I. INTRODUCTION.....	1
II. Infertility in Nineteenth-Century Free White Women .....	11
III. Infertility in Black Women During Slavery.....	36
IV. Infertility and its Effect on Nineteenth-Century Men.....	59
V. CONCLUSIONS.....	76
BIBLIOGRAPHY .....	78

## I. Introduction

Margaret Sanger is often quoted as saying, “No woman can call herself free until she can choose consciously whether she will or will not be a mother.”<sup>1</sup> The popularity of this historic line reflects twentieth and twenty-first-century Americans’ interest in women’s agency to prevent unwanted pregnancy or birth. Left out all too often, however, are those women who long to be mothers but cannot due to a physical inability to become pregnant or successfully carry a baby to delivery. Infertility, although common, is often swept under the rug, silenced as a topic too depressing or inappropriate to discuss openly. Recently, with the help of social media, American women feel increasingly empowered to open up about their “infertility journeys” and share their personal experiences of miscarriage.<sup>2</sup> Many high-profile women, like Nicole Kidman, Meghan McCain, Carrie Underwood, and Michelle Obama, have recently stepped forward to lay bare their struggles. In sharing her story, Obama said, “I felt lost and alone and I felt like I failed because I didn’t know how common miscarriages were because we don’t talk about them.”<sup>3</sup> But this is changing. By July 2020, the hashtag #Ihadamiscarriage included more than 50,000 posts on the social media platform Instagram. While this social and cultural moment leverages modern advances like social media to facilitate women’s communities around shared experiences of infertility, it also invites us to turn our attention to the lost voices of women who suffered the same pain in the past. If twentieth-century women were tight-lipped on the subject, nineteenth-century American women endured a blaring

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<sup>1</sup> Alexandra Kimbell, *The Seed: Infertility is a Feminist Issue* (Toronto: Coach House Books, 2019), 11.

<sup>2</sup> Lauren Sher, “You are Not Alone: Women struggling with infertility find 'sisterhood' of support on Instagram,” *Good Morning America*, <https://www.goodmorningamerica.com/wellness/story/women-struggling-infertility-find-sisterhood-support-instagram-62595610>.

<sup>3</sup> Christina Capatides, “Michelle Obama reveals Malia and Sasha were conceived through IVF after Miscarriage,” *CBS News*, <https://www.cbsnews.com/news/michelle-obama-reveals-miscarriage-daughters-malia-and-sasha-conceived-through-ivf/>.



silence. While the historiography on infertility is growing, the dominant narrative still privileges the medical history with little insight into women's personal and social experiences. The voices of those longing to be parents, especially women, remain effectively silenced.

Histories of nineteenth-century motherhood fail to adequately capture the distress many women felt in their struggles to become mothers. Free white women's diaries and letters reveal personal pain and social consequences due to infertility and/or miscarriage(s). Although the matter may have usually been discussed in the most private, even coded, terms, women knew of other childless women in their circles, and sometimes even the circumstances of that childlessness. Because the consequences (including shame) for women and men reverberated in their communities—especially women, who usually bore the blame and isolation—the problem represented more than a private marital concern. When couples' failures to bear children resulted in divorce or annulment, the matter became publicly litigated. Because fertility was politicized in national conversation, free women who wanted to but failed to have children felt the weight not only of their own and their families' disappointment but the harsh glare of a society seeking to reproduce "better" citizens from compliant women. Enslaved people struggled for the most basic control of their bodies' reproduction. As chattel, black men and women's fertility was a matter of production and profit. Indeed, slavery's profitability rested in large part on enslaved labor as a reproducing population. All in all, involuntary childlessness was not truly private but quite public due to its social consequences, political nature, role in the modernization of the medical field, and function in the increasingly capitalist nature of chattel slavery.

The World Health Organization defines modern infertility as a “reproductively-aged, opposite-sex couple’s failure to conceive after a year of unprotected intercourse.”<sup>4</sup> Infertility is used as an overarching term for those who cannot have children at all (sterile), those who require medical intervention to become pregnant (subfertile), and “women who, because of problems in maintaining a pregnancy or giving birth to a live infant, do not have the children they want or who take a long time to do so.”<sup>5</sup> Infertility is not synonymous with childlessness; however, infertility could be the root cause of the childlessness. Infertility is not necessarily a lifelong diagnosis for a woman, it could be temporary or occur as a result of an illness making conception difficult. In the nineteenth century, infertility was interchangeable with terminology such as “barrenness” or “sterility.” For the purposes of this thesis, “infertility” is used to mean the inability to conceive or bear a living child, most often resulting in childlessness.

Women’s history has placed an importance on motherhood, and their relationship to their children has become central to the mountain of scholarship on women’s history. As Alexandra Kimbell states in *The Seed: Infertility is a Feminist Issue*, “Maternity is supposed to provide a woman’s life with meaning, informing, and shaping everything else in her life.”<sup>6</sup> But what about the women who could not experience those defining moments? Miscarriage, infertility, and other personal topics relating to motherhood continue to be neglected by scholars. Statistically one in five women struggle to conceive. Yet little is known about women who endured that struggle in the past. An interest in rising rates of childlessness led to work like S. Phillip Morgan’s 1991 article,

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<sup>4</sup> Kimbell, *The Seed*, 6.

<sup>5</sup> Naomi Pfeffer and Anne Woollett, *The Experience of Infertility*, (London: Virago Press, 1983).

<sup>6</sup> Kimbell, *The Seed*, 9.

“Late Nineteenth- and Early Twentieth- Century Childlessness.” Morgan provides statistics meant to shed light on reasons why women might have put off childbearing or chosen to remain childless altogether. The explosion of women’s studies in the 1990s included Elaine Tyler May’s *Childless in the Promise Land* (1995), which the *Journal of American History* heralded as the “first major historical study of childlessness in the U.S.” Fewer than forty pages of the volume cover topics before the twentieth century, however, and the majority of those pages concern self-elected childlessness rather than infertility. Around the same time, Margaret Marsh and Wanda Ronner published *The Empty Cradle: Infertility in America from Colonial Times to the Present* (1996), discussing infertility in America. Because the work covered such a vast period of time, from the colonial era to the end of the twentieth century, nineteenth-century women receive thin coverage. But even works more focused on nineteenth-century motherhood often largely ignored the topic of infertility. For example, *Motherhood in the Old South: Pregnancy, Childbirth and Infant Rearing* (1997), by Sally G. McMillen, a leading expert on Southern motherhood in the nineteenth century, includes only a paragraph on the topic of infertility and childlessness. The focus on mothers, rather than women who desired to become mothers but who could not, continued to dominate the narrative through the next decade. Scholars produced numerous books and articles about motherhood in the nineteenth century, neglecting the role of infertility and the experiences of women incapable of becoming mothers.<sup>7</sup>

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<sup>7 7</sup> S. Phillip Morgan, “Late Nineteenth- and Early-Twentieth Century Childlessness” *American Journal of Sociology* 47, n. 3 (Nov, 1991): 787; Elaine Tyler May, *Barren in the Promise Land: Childless Americans and the Pursuit of Happiness*, (Cambridge: Harvard University Press, 1995); Margaret Marsh and Wanda Ronner, *The Empty Cradle: Infertility in America from Colonial Times to the Present*, (Baltimore; John Hopkins University Press, 1996); Sally G. McMillian, *Motherhood in the Old South: Pregnancy, Childbirth, and Infant Rearing* (Baton Rouge: Louisiana State University Press, 1990).

More recent works help to complete the picture but fail to provide a targeted treatment of women and infertility in nineteenth-century America. V. Lynn Kennedy's *Born Southern: Childbirth, Motherhood, and Social Networks in the Old South* (2010) offers the broadest range of information on the subject of childlessness and infertility, compiling the writings of both women who felt relieved at their circumstances and those who despaired at the prospect of never bearing children. Not only does *Born Southern* discuss women's individual experiences with infertility and miscarriage but also the reactions of their communities, along with the nature and effects of stereotypes imposed upon women during the nineteenth century. In the course of executing her main argument—that motherhood helped southerners to establish not only personal worth and community belonging but a distinct regional identity as southerners--Kennedy explains the motivation behind the desire to become a mother (or not). On top of its singular focus on the South, *Born Southern* is additionally limited in that it treats only slaveholding households.<sup>8</sup> Another important, if narrow, portion of the experience is illuminated in *Birthing a Slave: Motherhood and Medicine in the Antebellum South* (2009) by Marie Jenkins Schwartz, which offers valuable insight into how women held in the bonds of slavery experienced infertility. Using mostly oral histories and Works Progress Administration ex-slave interviews, Schwartz opens the doors to a topic that had been largely confined to the quarters. *Birthing a Slave* describes how black women held as chattel “found themselves struggling in the most basic physical terms for control over fertility and childbearing.”<sup>9</sup> Schwartz argues that enslaved women controlled their own

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<sup>8</sup> V. Lynn Kennedy, *Born Southern: Childbirth, Motherhood, and Social Networks in the Old South* (Baltimore: John Hopkins University Press, 2010).

<sup>9</sup> Marie Jenkins Schwartz, *Birthing a Slave: Motherhood and Medicine in the Antebellum South* (Cambridge, MA: Harvard University Press, 2009), 5.

fertility as a form of rebellion against slaveowners, but more so because of the great importance they placed upon family.

At last a broad treatment of the topic that privileged the nineteenth century appeared with Shannon Withycombe's recent book, *Lost: Miscarriage in Nineteenth-century America* (2018), which the author claims as the first to "utilize women's own writings about miscarriage to explore the individual understandings of pregnancy loss" and the resulting implications for society and the medical field.<sup>10</sup> However, the majority of *Lost* is devoted to women's relief at pregnancy loss. Very little discusses the heartbreak and despair experienced by women who longed to have children but could not. The majority of the women's diaries employed in *Lost* provide examples of women who displayed relief and even joy at their miscarriages. Withycombe's work is valuable but the book's promise to uncover the nineteenth-century woman's understanding of pregnancy loss is not fully realized. The failure to give voice to women who longed for children and analyze their experiences makes *Lost* incomplete.

If the historiography has failed involuntarily childless women of the nineteenth century, men in that predicament are almost completely absent. Almost no scholarship exists on the ways in which infertility and impotence affected men in the nineteenth century. Sarah Handley-Cousins, a leading expert of Civil War veterans' injuries, offers with *Bodies in Blue: Disability in the Civil War North* the most in-depth look at impotence-causing injuries among those soldiers. Angus McLaren's 2007 book, *Impotence: A Cultural History* provides a historical look at the cultural implications of

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<sup>10</sup> Shannon Withycombe, *Lost: Miscarriage in Nineteenth-Century America* (New Brunswick: Rutgers University Press, 2019), back cover.

impotency and investigates the rumors, handbooks, and beliefs surrounding the topic. While McLaren's work features a rich chapter on the nineteenth century, the desire for fatherhood is mostly passed over. Shawn Johansen's *Family Men: Middle-Class Fatherhood in Early Industrializing America*, however, provides plenty of explanation on men's valuation of the role of father throughout the nineteenth century, but readers must infer how losing the chance to father affected the nineteenth-century man.<sup>11</sup>

The thesis that follows engages the often-branching historiographies of women's community, slavery, medicine, masculinity, and disability to provide a targeted look at nineteenth-century American couples who sought to have children but could not. While women form the main focus, men figure prominently. Chapter one discusses how infertility affected the lives of nineteenth-century white women. Relying heavily on the personal papers of Lucretia Orne Peabody Everett as a case study, the chapter tells the stories of women in the nineteenth century who longed to be mothers but were met with constant struggles and feelings of inadequacy. Their own words from letters and diaries show the heartache they felt and how their communities reacted to their circumstances. Motherhood was a defining moment for nineteenth-century women and to be excluded from such a moment would have been not only heartbreaking but a blow to their self-confidence. Doctors identified some causes of infertility that could be remedied but in cases where they could not, doctors' explanations rested on sexist and imagined diseases or on blaming the women themselves for not wanting badly enough to bear children. Doctors entered marriages and courtrooms as well when a spouse filed for divorce due to

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<sup>11</sup> <sup>11</sup> Sarah Handley-Cousins, *Bodies in Blue: Disability in the Civil War North* (Athens: University of Georgia Press, 2019); Angus McLaren, *Impotence: A Cultural History* (Chicago: University of Chicago Press, 2007); Shawn Johansen, *Family Men: Middle-Class Fatherhood in Early Industrializing America*, (New York: Routledge, 2001).

infertility, allowing incredibly private details of their bodies and marriages to become public knowledge. The nineteenth century also brought the politicization of infertility, blaming women for their inability to increase the desirable members of the human race for their nation. Very few childless women turned to the medical community for assistance and those who did were often disappointed by ineffective doctors. Other women languished without answers and lamented their lost chances of bearing children, even confessing to envying other women close to them. Society and their own families ostracized these women due to circumstances beyond their control. Some women found consolation in the scripture, finding that God held their fertility in his control and could choose to bless them with a child if he desired, like he had done with the biblical figures Sarah, Rebecca, and Rachel. Many women began to search for alternatives to mothering, such as adoption, while others found alternatives in careers such as teaching, nursing, and writing children's novels. Novels of the nineteenth century portrayed very few infertile women but those characters were often depicted as spinsters, the ultimate failure for a nineteenth-century woman. The stories of infertile women prove that infertility was not just a personal problem but a social problem for which the women bore responsibility. Their stories are poignant and important to the overarching story of motherhood in America during the nineteenth century.

Chapter two describes the difficulties and dangers infertility brought onto black women in slavery during the nineteenth century. While the reigning narrative emphasizes black women who attempted to avoid and abort pregnancies, the experiences of bondswomen who struggled to conceive have been overlooked. While many doctors believed black women to be more fertile than their white counterparts, bondswomen's

unhealthy living conditions and heavy workload combined with other factors to increase their risk of miscarriage and infertility. White owners demanded children from their slaves in an attempt to preserve the system and subjected black women to dangerous and often painful testing at the hands of white doctors. While enslaved black women had many reasons for not wanting a family of their own, those who did had their own traditions to ensure pregnancy. To have been childless within a slave community would have been lonely and ostracizing, often forcing women back into the homes of their parents, denying them one of the small chances at agency that could be achieved under slavery. Although enslaved parents enjoyed no legal rights or real control, children offered them a chance to love, create community of their own, and additional help within their own households. While very little research has been done on traditions practiced to enhance their fertility, it is clear that having a family was of the utmost importance to a black couple in slavery. Sometimes enslaved people desired family so desperately that black women would submit themselves to dangerous testing and surgeries performed by white doctors, occasionally without anesthesia. Though limited in alternatives to mothering, black women would adopt children from their family members or from their community. The risks of being sold away from their family and loved ones for not bearing children far outweighed the embarrassment and pain the women suffered from their white owners.

Chapter three discusses men's role in infertility from impotency to the creation of gynecological practices. Impotency has been a problem throughout history for men yet in the nineteenth century it became a seriously private issue. A wife could divorce her husband for his impotency and cause intense shame for the man by bringing the disability



to light. Wounded Civil War veterans faced the same dilemma and often found it difficult to court women due to the woman's or her family's belief that a wounded man could not create or provide for a family. Men desired marriage because it signified their entry to manhood and becoming a father confirmed their sexual status. More than that, the relationship between father and children became more intimate and mutually fulfilling. When men began to take more interest in their children, they also began to pay closer attention their wives through pregnancy and delivery. When problems arose while attempting to conceive, nineteenth-century men began to ask doctors to test their own sexual potential. Many men were already aware of their role in prohibiting the pregnancy of their wife due to venereal diseases that caused sterility in both the sexes. The booming field of embryology and gynecology during the nineteenth century allowed men another outlet to act as protector of women and assert their superiority in a traditionally women-led field. Where white men saw children as a sign of manhood, black men valued children as a sign of their humanity. Black families featured more fluid gender roles. Men and women held in slavery were forced into multiple marriages in slaveholders' attempts to increase the number of enslaved children.

This thesis employs sources like archival material, published letters, and ex-slave interviews to reveal the public implications of infertility in nineteenth-century America. This often-overlooked topic that deserves attention for its implications in free and enslaved families and communities, as well as its importance for the state of the growing nation.

## II. Infertility in Nineteenth-Century Free White Women

In a 2014 *New York Times* article, Shelagh Little wrote that “Infertility is a unique type of loneliness.”<sup>12</sup> Lucretia Orne Peabody of Massachusetts would have agreed. When she married Alexander Hill Everett in 1816 at age thirty and moved to Europe for her husband’s career in foreign diplomacy, she was plunged into a life away from her family and friends. Throughout her time there, Lucretia wrote to her mother-in-law, Lucy, and sister-in-law, Sarah, about life abroad. Her letters provide a window into the unique and intimate pain of infertility. Lucretia started to suspect something was wrong when two years into her marriage she had not yet become pregnant. In January 1819, Lucretia sent her congratulations to her sister-in-law on her “successful confinement.” She described watching children play in the park outside of her bedroom window, confessing, “I often wish I had one with me.”<sup>13</sup> If infertility is a type of loneliness, Lucretia’s loneliness was compounded by being separated by her most intimate friends by an ocean. However, her hope did not dampen as time passed. In November, upon hearing how her nieces and nephews are doing in their lessons, Lucretia wrote “I wish I had a little Sarah here with me to teach . . . to prattle French,” implying she would name her future daughter after her sister-in-law.<sup>14</sup> In March 1819, Lucretia enlisted a physician to assist with her dilemma, but to no avail.<sup>15</sup> The stories of Lucretia and women like her reveal that infertility was not just seen as a personal but a social problem for which women bore responsibility. Medical knowledge on the subject was still limited and helped reinforce stereotypes of

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<sup>12</sup> Shelagh Little, “Life After Infertility Treatments Fail,” *New York Times*, September 10, 2009 as quoted in Kimbell, *The Seed*, 8.

<sup>13</sup> Lucretia Peabody Everett to Sarah Everett Hale, January 18, 1819, box 110, folder 23, Hale Family Papers, Sophia Smith Collection, Smith College, Northampton, Mass.

<sup>14</sup> Everett to Hale, November 1819, Hale Family Papers, Sophia Smith Collection.

<sup>15</sup> Everett to Hale, March 1819, Hale Family Papers, Smith Collection.

women as fragile and unstable. Women who wanted to have children but couldn't suffered socially but found their own ways to understand, cope, and sometimes alternatively mother.

As many scholars have shown, motherhood formed a critical part of the typical woman's role in nineteenth-century American society, placing involuntarily childless women at a disadvantage. While not all women desired children, women who wanted children but could not have them suffered not only from their personal disappointment but from a measure of social isolation. Women of the nineteenth century "were destined to devote themselves to motherhood."<sup>16</sup> Rita Rhodes' article, "Women, Motherhood, and Infertility: The Social and Historical Context," reveals motherhood as an important part of a nineteenth-century woman's self-esteem.<sup>17</sup> V. Lynn Kennedy explains that women who were not mothers may have felt excluded both emotionally and physically "from the bonds of family and community that were supposed to provide their identity."<sup>18</sup> Yet her book *Born Southern* discusses the writings of women both who were relieved at their circumstances with only a small selection from those who despaired at the idea of never bearing children. The substantial risks that were involved with pregnancy and childbirth may have contributed to the increased valuation of children; "To have risked and invested so much could not be easily justified if one failed to value the product of that risk and investment."<sup>19</sup> Historian Sylvia Hoffert believed that "having children could fulfill both

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<sup>16</sup> Rita Rhodes, "Women, Motherhood, and Infertility: The Social and Historical Context," in Deborah Valentine, *Infertility and Adoption: A Guide for Social Work Practice* (Philadelphia: The Haworth Press, 1988), 11.

<sup>17</sup> Ibid.

<sup>18</sup> Kennedy, *Born Southern*, 36.

<sup>19</sup> Paul C. Rosenblatt, *Bitter, Bitters Tears: Nineteenth-Century Diarists and Twentieth-Century Grief Theories* (Minneapolis: University of Minnesota Press, 1983), 59.

private and public needs. Bearing children, it promised, was certain to guarantee personal happiness because it renewed the bond of intimacy that served as the basis of a stable marriage.”<sup>20</sup> The increasing number of sources on nineteenth-century motherhood continue to discuss the importance of becoming a mother so as to be included in social circles and society, yet the isolation and loneliness of women suffering from infertility is ignored.

The nineteenth-century professionalization of the medical subfield of gynecology arose at the expense of women practitioners, due to the “masculinizing” of the field with the creation of institutions and the formalization of medicine.<sup>21</sup> At the beginning of the nineteenth-century, women resented allowing doctors into their private lives and believed there was “no role for professional medicine” in such a female experience.<sup>22</sup> When men entered the female-led practice of midwifery their patients thought they were intrusive, unnatural, and immoral.<sup>23</sup> Doctors cost a substantial amount of money and many women felt it was unnecessary to spend their meager funds on a doctor who would “pat their heads and insist nothing was amiss, even if a woman knew, that ‘all was going wrong.’”<sup>24</sup> Women of a lower class suffered through miscarriages without the assistance of a doctors knowing that doctors offered no relief from the pain. Women largely resisted the medical professionals’ desire to redefine pregnancy and women’s infertility as only understood by their “‘educated’ hands and eyes.”<sup>25</sup> Historian Shannon Withycombe claims that doctors

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<sup>20</sup> Margaret Marsh and Wanda Ronner, *The Empty Cradle: Infertility in America from Colonial Times to the Present* (Baltimore: John Hopkins University Press, 1996), 31.

<sup>21</sup> Deirdre Cooper Owens, *Medical Bondage: Race, Gender, and the Origins of American Gynecology* (Athens: University of Georgia Press, 2017), 16-17.

<sup>22</sup> Withycombe, *Lost*, 57.

<sup>23</sup> Owens, *Medical Bondage*, 17.

<sup>24</sup> Withycombe, *Lost*, 57.

<sup>25</sup> *Ibid.*, 57.

attempted to create the idea that miscarriage was a dangerous situation that nearly always resulted in death and that they, the doctors, held special knowledge about the causes behind a woman's loss. When called for assistance, their attempts often fell short due to their lack of intervention. Women wanted doctors to take action, but they were left in pain as the doctors contemplated what caused the loss or infertility, and sometimes remove the result of miscarriages for testing.<sup>26</sup>

However, as the nineteenth century progressed, so did women's perceptions of doctors and willingness to seek medical assistance. Men began to be recognized for their medical expertise on childbirth. Women increasingly allowed doctors into their homes, possibly at the insistence of their husbands, which allowed women to feel greater control of their own circumstances. Those who were despondent enough began to trust doctors more because formalized medicine became seen as more legitimate in the process of childbirth.<sup>27</sup> The American Medical Association was founded in 1847 with the goal of standardizing the qualifications of medical doctors. Before the formation of the AMA, the position of medical doctor did not require formal training. Many looked upon the choice to practice medicine as akin to throwing away the young man's future. In his attempt to legitimize the career, James Marion Sims, later known as the Father of Gynecology, with a few other men began to incorporate racial science with medical knowledge.<sup>28</sup> These men performed experimental surgeries on enslaved women and published their findings for the furtherance of women's health. American gynecology became a global leader as the nineteenth century continued. American doctors invented new surgical procedures

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<sup>26</sup> Ibid., 92.

<sup>27</sup> Owens, *Medical Bondage*, 17.

<sup>28</sup> Ibid., 51.

that resulted in some of the first successful cesarean births, obstetrical fistulae repairs, and removal of diseased ovaries.<sup>29</sup>

Nineteenth-century understandings of infertility identified several possible causes, ranging from ovarian tumors to too much intercourse. Doctors often blamed miscarriage and infertility on nervous disorders or “hysteria,” an invented disease that afflicted only females as it was associated with the uterus. It was during the nineteenth century that the disease known as hysteria became widely known and recognized. Symptoms of this imagined disease included gynecologic and reproductive issues such as prolapsed uterus and diseased ovaries but also included cases of depression, schizophrenia, and hypochondriasis.<sup>30</sup> Doctors believed that the uterus controlled women’s bodies, whereas the brain controlled men’s, meaning if the woman’s uterus was diseased or defective, so was the woman’s mind and mental status. This led to approaching infertility with sexist assumptions about women’s mental health. White women between the ages of fourteen and forty were the most common victims of hysteria due to menstruation. It was thought that hysteria began with puberty and ended with menopause, therefore directly related to a woman’s reproductive system.<sup>31</sup> A Tennessee doctor named Baskette believed that one of the main causes of infertility was the lack of attention to a woman’s menstrual problems.<sup>32</sup> Slaveowners and doctors alike who embraced the idea that the menstrual cycle was crucial to the pregnancy process began to monitor women’s cycles, while many women continued to monitor themselves as women have throughout history. Many

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<sup>29</sup> Ibid., 17.

<sup>30</sup> Carrol Smith-Rosenberg, “The Hysterical Woman: Sex Roles and Role Conflict in Nineteenth-century America,” *Social Research* 39, n. 4 (Winter 1972), 652.

<sup>31</sup> Ibid., 660.

<sup>32</sup> Marie Jenkins Schwartz, *Birthing a Slave* (Cambridge, MA: Harvard University Press, 2009), 75.

enslaved women took measures to regulate their cycles with homemade remedies.<sup>33</sup>

Other women regulated cycles too enthusiastically, sometimes inducing menses in an attempt to help the conception of an unknowingly already pregnant woman, resulting in the unwanted loss of the fetus.<sup>34</sup> Irregularity in the menstrual cycle often provided the first sign that something more was amiss, such as the presence of a tumor. Knowing the cause of their infertility provided a sense of relief to suffering women. Historians Margaret Walsh and Wanda Ronner explain that identifying a root of their infertility allowed women to place blame somewhere besides themselves. “Many women, after all, considered their childlessness a bitter misfortune; to have a painful physical condition as its cause might have eased their emotional burden.”<sup>35</sup>

Some diagnoses, like hysteria, did not reassure women but provided an alternative explanation when the origin of infertility was not readily discernable. Doctors claimed that hysterical women were “egocentric” and interacted with others superficially. They were construed by the medical community as having little to no interest in sex or becoming mothers.<sup>36</sup> Doctors came to blame a woman’s desire for education as the cause of her infertility, promoting the belief that “savage” lower class women were more fertile and more easily gave birth.<sup>37</sup> The term “overcivilized” was first used by theorist George Beard who believed that the new inventions of the steam engine, telegraph, and the daily newspaper caused hysteria.<sup>38</sup> “Overcivilized” women “avoided sex and were unwilling or

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<sup>33</sup> Ibid., 92.

<sup>34</sup> Withycombe, *Lost*, 49.

<sup>35</sup> Walsh and Ronner, *The Empty Cradle*, 63.

<sup>36</sup> Laura Briggs, “The Race of Hysteria: ‘Overcivilization’ and the ‘Savage’ Woman in the Late Nineteenth-Century Obstetrics and Gynecology” *American Quarterly* 52, n.2 (June, 2000), 255; Smith-Rosenberg, “The Hysterical Woman,” 662.

<sup>37</sup> Briggs, “The Race of Hysteria,” 249.

<sup>38</sup> Ibid., 268, note 2.

incapable of bearing many (or any) children”<sup>39</sup> Those who were able to become pregnant suffered miscarriages due to “the abuse of civilization, its dissipations, and follies of fashion.”<sup>40</sup> Doctors blamed these women for “endangering the race.”<sup>41</sup> Such explanations allowed doctors who could not explain infertility a default diagnosis, and offered them a chance to criticize the growing feminist movement. The lesson for would-be mothers, then, was to eschew education and politics for the sake of their infertility. Because society and the medical community so often linked women’s social and mental state with their physical reproductive health, it would have been difficult for infertile women to prevent their physical difficulties from affecting their sense of self-worth and sense of place in society.

The invitation of doctors into an infertile marriage, however, could be an invitation of legal consequences because the law allowed for a husband to leave his wife (or vice versa) if the woman proved unable to become pregnant. Nineteenth-century London physician Michael Ryan could just as easily have been chronicling the problems of American couples when he wrote “There is no subject which distresses married persons so much as want of family, or leads to so much domestic feud and unhappiness, and finally to the nullification of marriage.”<sup>42</sup> In New York in 1836 with the case of *Devanbaugh v Devanbaugh* the precedent was set for all future cases. Mr. Devanbaugh filed for divorce from his wife on the grounds that she was unable to become pregnant. The court relied upon T.R. Beck’s book, *Elements of Medical Jurisprudence* (1823) and established that the defendant accused of impotence or infertility must submit to an

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<sup>39</sup> Ibid, 249.

<sup>40</sup> Ibid., 256.

<sup>41</sup> Ibid.

<sup>42</sup> Walsh and Ronner, *The Empty Cradle*, 29.



examination “by a skillful and competent surgeon.” Mrs. Devanbaugh was found not to suffer from genital mutilation and the cause of her infertility was found to be an intact hymen, an impediment that could be easily remedied. Based on Beck’s books, Mrs. Devanbaugh suffered from a “temporary and curable incapacity,” and therefore the court denied her husband the divorce.<sup>43</sup> Divorce could only be granted on the terms of infertility if the condition was “permanent and incurable.”<sup>44</sup> Infertility affected the marriage enough that Mr. Devanbaugh wanted divorce and was willing to put their personal lives and their bodies under scrutiny.

During the nineteenth century, infertility reached beyond the marriage and family to become politicized in national debates ranging from progressive reform to immigration. Nineteenth-century politicians and doctors brought a call for women to have as many children as possible for the sake of increasing the population of “desired citizens.” Rather than rely on immigrants to populate the vast country, doctors and politicians worked to encourage white middle class native-born women to avoid contraception and to seek out assistance when unable to conceive. In a speech to Congress in 1903, Theodore Roosevelt stated that “willful sterility is, from the standpoint of the nation, from the standpoint of the human race, the one sin for which the penalty is national death, race death; a sin for which there is no atonement.”<sup>45</sup> He is also credited with saying “A race is worthless . . . if its women cease to breed freely.”<sup>46</sup> This statement pointed toward those women who *chose* to remain childless or keep their families small

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<sup>43</sup> Ibid., 28.

<sup>44</sup> Matthew J. Lindsey, “Reproducing a Fit Citizenry: Dependency, Eugenics, and the Law of Marriage in the United States, 1860-1920,” *Law & Social Inquiry*, 23 n. 3 (Summer 1998), 458.

<sup>45</sup> Elaine Tyler May, *Barren in the Promise Land: Childless Americans and the Pursuit of Happiness*, (Cambridge: Harvard University Press, 1995), 61.

<sup>46</sup> Rhodes, “Women, Motherhood, and Infertility,” 5.

but the sentiment overall served to reinforce animosity towards women incapable of having children of their own. Some doctors encouraged this thinking by placing the blame for infertility entirely upon women's moral decisions and their "failure to want to reproduce."<sup>47</sup> Late-nineteenth-century politicization of infertility remains an important yet unexplored topic.

The distress of infertility in conjunction with the incompetence of doctors raised the stakes for couples struggling to start their families, like Lucretia and Alexander, whose story opened this chapter. Not long after moving to The Hague, Lucretia's sister-in-law, Sarah, chastised Lucretia for not being more forthcoming with her health, sensing something was amiss. Lucretia's replied in a letter marked "Private" revealing that she had suffered a miscarriage at six months pregnant. Her secretiveness was most likely due to the shame she felt at disclosing such a private experience and also for experiencing the miscarriage in the first place. She described how when she wrote to Sarah in February her hopes were high that she "should have a living child in May." However, over the next few days she recognized the "usual symptoms of premature birth."<sup>48</sup> This sentence confirms that Lucretia had not only suffered miscarriages before but had experienced enough of them to recognize the signs of an impending loss. She proceeded to go through the motions and called for her physician who was adamant that "no change" had occurred.<sup>49</sup> "But I knew," she wrote, "from similar circumstances better than he."

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<sup>47</sup> Margaret J. Sandelowski, "Failures of Volition: Female Agency and Infertility in Historical Perspective," *Signs* 15 n.3 (Spring 1990), 484, 487.

<sup>48</sup> Everett, letter to Hale, August 9, 1820, Sophia Smith Collection.

<sup>49</sup> *Ibid.*, underlining in the original.

Lucretia carried the dead fetus for another three weeks before entering “confinement” and delivering it.

Though hopeful, Lucretia had grown “almost weary of Physicians and medicines.” Like so many women before and after her, doctors’ inability to comprehend or successfully treat her infertility was discouraging and isolating to her. At the time of her writing the “private” letter, she had been under a physician’s care for a year and a half and had seen no improvement in her affliction. Eventually though, her hope diminished. In May 1821 Lucretia sent a trunk of clothes, including two baby gowns she may have hoped to use herself, to a friend back in Boston.<sup>50</sup> In June 1822, she wrote to Sarah to congratulate her on the birth of her latest child and commented that upon her return from Europe Sarah’s family “will be so large that you will be able to spare my little namesake.” Lucretia had lost hope for having a child of her own and sought to take in one of her sister-in-law’s children, specifically the one that was lovingly named after her.<sup>51</sup> The act of taking in the children of family members was common in childless marriages of the nineteenth century. Many families had too many children to care for the and taking in her niece would have allowed Lucretia a chance to mother before having children of her own.

As close as the two women had been, however, Lucretia began to show some resentment for Sarah’s fertility, especially since Sarah’s health had been so frail before her marriage. Bitterness would not have been uncommon for infertile women to feel as they watched their family members, friends, and neighbors become parents. After

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<sup>50</sup> Everett, letter to Hale, May 1821, Sophia Smith Collection.

<sup>51</sup> Everett, letter to Hale, June 1822, Sophia Smith Collection.

Lucretia heard about the successful confinement of her other sister-in-law, Lucy, she wrote “I hardly dare to say that I envy her or yourself the happiness of having so many living children- but if God had deprived you as he has me of the pleasures of being a mother you would know what I feel in hearing of these occurrences.”<sup>52</sup> The venerable honesty from Lucretia is surprising for the nineteenth century but did not break the relationship between Sarah and herself. Envy was a powerful word and admitting it was similar to confessing a sin, yet Lucretia trusts Sarah enough to express some of the dark emotions she felt. Lucretia was not alone in her pangs of envy nor the guilt associated with that resentment. Like Lucretia, other women showed slight bitterness toward those who were capable of becoming mothers. Keziah Brevard, though a successful plantation owner, was childless and in her diary wrote about her sister, “I do not envy my sister- no- no-but she has been a useful woman, while I have been a blank.”<sup>53</sup> For Keziah to state she has not been useful and a “blank” depicts that her failure to have a child is not just a personal failure. In her inability she has failed her family and her society. To have comprehended such emotions would have been isolating and clearly Keziah suffered from the self-loathing attached to it.

Over the years of correspondence with Sarah, Lucretia’s desire to keep her affliction private lessened. In her letter of March 1823, she revealed to Sarah that she received the latest packet of letters “when I was needing the consolation of friends.” She intimated her latest miscarriage without her usual warning of “Private” at the top of the

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<sup>52</sup> Everett, Letter to Hale, August 21, 1826, Sophia Smith Collection.

<sup>53</sup> Kaziah Goodwyn Hopkins Brevard, ed. John Hammond Moore, *A Plantation Mistress on the Eve of the Civil War: the Diary of Keziah Goodwin Hopkins Brevard, 1860-1861*, (Columbia; University of South Carolina Press, 1993), 55.

page. This “disappointment was greater than before” because Lucretia had not thought she was able to conceive again. It had been three years since her last pregnancy. Her health had been excellent during this pregnancy, and she had been taking a new medication supposed ensure the pregnancy’s full term. . Her “hopes of a happy issue were higher than ever before, only to sink in greater despondency.” After a confinement of six weeks, her physician discerned no change in the pregnancy and assured Lucretia that her fears of miscarriage were unfounded. Although Lucretia knew her own body better than the physicians, nothing she said “could convince them that all was going wrong...I cannot tell you how very sad it is to be lingering so very long a time knowing there is no remedy but patience,” she confided in her sister-in-law. Her sadness was again compounded by the distance separating her from family, “how dear would have been to me their presence and sympathy.” Lucretia did know a few women with her who “felt what a forlorn thing it was to be without the comfort of female friends at such a period.”<sup>54</sup> These women may have been women who had suffered miscarriages themselves and understood the pain and longing that Lucretia felt, making her more comfortable confiding in them.

Indeed, Lucretia’s letters provide evidence that women who suffered from infertility knew of each other and may have attempted to form a community. Lucretia details her disappointment but found hope in other women. For a time she refused to stop trying for a child, explaining, “hope always prevails over my fear- there is one lady here who has been afflicted as I have been [known] to be [who] was confined this morning and has a fine son.” That Lucretia did not mention the woman by name may signify that,

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<sup>54</sup> Everett, Letter to Hale, January 18, 1819, Sophia Smith Collection.

although they know of each other, the women may not have been close friends. As the case of the unnamed woman mentioned by Lucretia shows, infertility was not necessarily a life-long problem. Women who had been barren for years or even decades may suddenly find themselves pregnant and successfully deliver. In an example put forward by historian Shannon Withycombe, an unnamed forty-three-year-old woman was brought into the hospital in September 1895 for signs of a miscarriage yet left four weeks later with a healthy baby. The woman had previously suffered four miscarriages and two still births and was desperate for a living child. She had scheduled an induction for her eighth month in hopes of a successful birth. That night she delivered a child weighing less than four pounds. Mother and baby recovered; after four weeks the woman was able to go home with the baby weighing almost six pounds. Women like Lucretia knew of such examples and thus had reason to hope.<sup>55</sup>

It is only after her last miscarriage (of an unknown number) while in Brussels, that Lucretia's husband, Alexander, took a more active role in finding a solution to the problem. He, perhaps in conjunction with her physician, began to discuss the possibility of sending Lucretia to visit baths, possibly in the city of Erris in Ireland though the handwriting is unclear, which had been said "to be very beneficial in all female complaints." Instead, Lucretia expressed that she would "rather go over to England and consult with one of the most skilled surgeons there." But even this, she feared, would not yield the desired effects and result in a child. "Although I have but little hopes that any

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<sup>55</sup> Withycombe, *Lost*, 123.

advice on medicine would be of any service, I am willing to listen to them.”<sup>56</sup> There is no evidence that Lucretia went to either Erris or England.

Eventually, Lucretia accepted her fate as a childless woman. She turned her attention to worrying that her loved ones would suffer the same condition. She wrote to Sarah about their sister-in-law’s upcoming confinement, “I feel very anxious to hear of Edward’s wife’s safe confine. I should grieve to have her as unfortunate as myself... young married women though a mistaken delicacy are not sufficiently warned of the necessity of the most rigid attention to their health.”<sup>57</sup> Pregnancy during the nineteenth century was typically a feminine subject. Women were taught about pregnancy, both how to conceive and how to avoid it, from their mothers, aunts, and other relatives.<sup>58</sup> However, sex and pregnancy were still taboo to discuss before a woman’s marriage and sometimes before their first child was born, leaving many women uneducated as to their reproductive health and unable to discern potential problems. Doctors also did not advocate for sexual education for young women believing that “women could not understand the truth of the female body.”<sup>59</sup>

Like other women in her predicament, Lucretia may have found some comfort in religion. While living in Madrid in March 1826, upon hearing that her infant nephew Alexander had died, she wrote to his mother Sarah, “the loss of your dear baby as being named after my beloved husband it seemed as though it had a greater claim to my affection, but God’s will be done.” While recognizing that God had claimed the life of

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<sup>56</sup> Everett, letter to Hale, March 20, 1923, Hale Family Papers, Sophia Smith Collection.

<sup>57</sup> Ibid.

<sup>58</sup> Withycombe, *Lost*, 101.

<sup>59</sup> Ibid., 50.

the child, she also implied that her Sarah should be grateful that he spared her other children, “God has deprived you of some of your children, but he has not taken all, all from you.”<sup>60</sup> Other women found stories of hope from religion. Biblical women such as Sarah, Rebekah, Hannah, and Elizabeth provided hope for women who voiced their desires to God. Prayer books often featured the prayer of Hannah in 1 Samuel. Others were directed by loved ones to passages of prayer like Isaiah chapter 54 entitled “Sing, O Barren One, who did not bear.” Although these biblical passages brought stories of hope, biblical infertility was still painful to read because they reinforce the shame and sense of failure these women felt. Rachel’s first recorded words to her husband Jacob stated “Give me children or I shall die.”<sup>61</sup> Once she gave birth to Joseph, Rachel expressed her relief that “God has taken away my disgrace,” expressing the cultural suffering caused by infertility.<sup>62</sup> Women and men who were disabled, including those considered barren, were forbidden from entering biblical sanctuary spaces and had to have prayers given on their behalf by loved ones.<sup>63</sup> This reinforced the belief that those women who suffered from infertility were unfavored by God. The women were not necessarily being punished by God, but they were not blessed either.<sup>64</sup> Other verses show that God held control over a woman’s fertility such as Genesis 29:31 when God opened Leah’s womb or in Genesis 20:17-18 when God removed the curse of barrenness placed upon the kingdom of

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<sup>60</sup> Everett, Letter to Hale, March 29, 1826, Sophia Smith Collection.

<sup>61</sup> Genesis 30:1, English Standard Version.

<sup>62</sup> Genesis 30:23, New International Version; Joel Baden, “God Opened Her Womb: The Biblical Conception of Fertility,” *The Torah*, <https://www.thetorah.com/article/god-opened-her-womb-the-biblical-conception-of-fertility>.

<sup>63</sup> Susan Ackerman, “The Blind, the Lame, and the Barren Shall Not Come into the House” in eds. Candida R. Moss and Jeremy Schipper, *Disability Studies in Biblical Literature*, (New York: Palgrave MacMillan, 2011), 29.

<sup>64</sup> Joel S. Baden, “The Nature of Barrenness in the Hebrew Bible,” in eds. Candida R. Moss and Jeremy Schipper, *Disability Studies in Biblical Literature*, (New York: Palgrave MacMillan, 2011), 16.



Abimelech after he took Sarah into his household.<sup>65</sup> Barrenness was not always a punishment placed by God upon women but it was under his control. Thus, women who turned to the Bible received an explanation for their infertility even if it was painful to accept.

Faith that God controlled their fertility, however painful it may be, may have helped women to let go and resign themselves to the potential of miscarriage and child death. Evidence shows through letters, sermons, and similar items that children in the early nineteenth-century community were not valued with the same intensity as today. Couples were encouraged not to invest themselves too much into the life of a child as their mortality was so high.<sup>66</sup> This may have been spurred on by religion. After a child's funeral in 1815, Sally Squire of New York wrote in her diary, "Perhaps this child was to come too much between them and their God."<sup>67</sup> This ideology would transfer over to the investment of a pregnancy. Lydia Marie Child, a novelist and journalist, grieved over her childlessness in letters to her mother-in-law when she wrote "I do wish I could be a mother...But God's will be done. I am certain that Divine Providence orders all things for our good."<sup>68</sup> Dolly Lunt Burge was a devout Methodist who suffered a miscarriage in 1851. She understood her loss as the will of God and simply out of her control. Rather than investigating the loss and the causes behind it, Burge understood her loss as a part of

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<sup>65</sup> Ibid., 14, 17.

<sup>66</sup> Rosenblatt, *Bitter, Bitter Tears*, 60.

<sup>67</sup> Sally Squire, *Diary of Sally Squire*, Unpublished manuscript, New York Public Library entry of November 9, 1815 as Quoted in Rosenblatt, *Bitter, Bitter Tears*, 60.

<sup>68</sup> Lydia Marie Child to Louisa (Gilman) Loring and Ellis Gray Loring, April 30, 1839, p.2, letter 179, Microfilm Collection, Library of Congress, as quoted in Walsh and Ronner, *The Empty Cradle*, 35.

“larger divine plan” for her life.<sup>69</sup> Though not childless, or infertile by definition, Burge’s reaction to her miscarriage may reveal how others reacted.<sup>70</sup>

Many women of the nineteenth century did not consider a fetus as a child before childbirth. Unlike modern times, a woman might experience pregnancy and miscarriage but never call herself a mother.<sup>71</sup> Doctors of the eighteenth and nineteenth centuries believed that a miscarriage was not a pregnancy gone wrong but rather it was not a “true” pregnancy from the start.<sup>72</sup> Scientists believe that the “Cult of fetal personhood” is a more modern notion, something that has emerged in the last fifty years or so with the introduction of technology that allows women to view the fetus throughout pregnancy.<sup>73</sup> Lucretia Everett, however, did not subscribe to this nineteenth-century belief that pregnant women were not yet mothers and fetuses were not yet children. An outlier, when Lucretia specifically mentioned the “living children” borne by her sisters-in-law, she revealed her notion of her lost fetuses as lost children. Yet by and large, few women made an effort to curtail their daily activities after recognizing their pregnancy, sometimes resulting in the loss of the child. Katherine Norton of Chicago seems to have straddled the two schools. Near the end of the nineteenth century, she wrote about the risks of pregnancy and avoided traveling for the sake of the safety of the child she carried. While not fully recognizing the unborn fetus as a child, Norton did discuss the realization of a future child while discussing her pregnancy in the same letter. This

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<sup>69</sup> Withycombe, *Lost*, 87.

<sup>70</sup> It is pertinent to mention to be infertile does not require the suffering of a miscarriage and many women who did not suffer from involuntary childlessness suffered loss during pregnancy. Modern research shows that one in four pregnancies end in miscarriage.

<sup>71</sup> Withycombe, *Lost*, 7.

<sup>72</sup> *Ibid.*, 53.

<sup>73</sup> *Ibid.*, 38.

evidence provided so late in the nineteenth century may show the shift of ideology away from the fetus as non-person and the pregnant woman as nonmother.<sup>74</sup>

Lucretia moved back to the United States with her husband in 1829. By then, her hope of children had gone. She did not write of children at all in her letters after 1826. Sometime between 1830 and 1833, Lucretia took in the niece of her friend Amelia who had died. While Lucretia took “great comfort” from the child for the duration of her stay, there is no evidence that the Peabody’s attempted to adopt her.<sup>75</sup> But for many other women, adoption was a perfect opportunity to mother when they could not mother any other way. Amelia Bloomer, a well-known author from Iowa, struggled with her childlessness and adopted a little boy and his younger sister. For years before the adoptions Amelia had he opened her home and cared for her own nieces and nephews, as well as orphans. Bloomer opened up about her alternative mothering in her magazine the *Lily*.<sup>76</sup> It was not uncommon for childless family members to take on the children of their relatives, especially if those relatives had many children. While the childless couple may not have officially adopted these children, for all purposes they took over guardianship of them. Legal adoption in the nineteenth century was beginning to become more popular. The exact number of adoptions is impossible to determine for certain as many of the adoptions were only formalized when parents filed private bills for the name change of the child. Families who adopted were typically middle-class couples with no biological

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<sup>74</sup> Ibid., 38, 85.

<sup>75</sup> Everett, letter to Hale, between 1830 and 1833, box 110, folder 24, Sophia Smith Collection.

<sup>76</sup> Walsh and Ronner, *The Empty Cradle*, 35-37; D. C. Bloomer, *The Life and Writings of Amelia Bloomer*, (Boston: Arena Publishing Company, 1895), 299.

children.<sup>77</sup> Toward the middle of the nineteenth century, early adoption laws sought to take the burden of orphans off of state legislatures and clarify rights to inheritance.<sup>78</sup>

In addition to adoption, other women found a chance to mother by fostering children or working at orphanages. Miss Nancy Stewart describes the children she saw come and go at the Orphan's Home she worked at in Texas. She began work as a cook and progressed to the position of teacher and later nurse but at times she found herself working as all three. The first two orphans that Nancy really connected with came in 1880, two boys named Jim and George. Jim kept in touch with Stewart long after he was adopted. She told her interviewer in 1938, "I have children all over Texas. . . I treasure each one of them. . . They were all my kids and I was the only mother they know."<sup>79</sup> Some years after its establishment, a baby boy was left on the doorstep of the orphanage. The child became attached to Stewart and when she left the orphanage to care for her father, the little boy came along. She named him Willis and raised him as her own. However, she regretted one thing, "I made one big mistake, I never did adopt him legally." When Willis died suddenly at the age of thirty, Stewart said, "all the happiness I ever had in my life went with him."<sup>80</sup> Though Nancy Stewart never bore children of her own, she certainly felt the love of a child and gave the love of a mother.

Some women suffering from involuntary childlessness found an alternative form of mothering in the education of children as teachers and authors. Kate Douglas Wiggins

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<sup>77</sup> E. Wayne Carp (Ed), *Adoption in America: Historical Perspectives*, (Ann Arbor: University of Michigan Press, 2002), 4.

<sup>78</sup> *Ibid.*, 5.

<sup>79</sup> *Library of Congress: Federal Writer's Project: Folklore Project, Life Histories, 1936-1939*, <https://www.loc.gov/item/wpalh002592/>

<sup>80</sup> *Ibid.*

of Philadelphia became instrumental in the Kindergarten movement after moving to California, as well as a well-known author for her children's books, including *Rebecca of Sunnybrook Farm*. Her sister, Nora Smith, claimed in her biography of Wiggins that even after becoming famous, her sister remained involved with her education movement "because it enabled her to assuage her sadness over her inability to bear her own children." Fellow author Ella Wheeler Wilcox of Wisconsin bore only one child, a son, who died within twenty-four hours. Wilcox wrote openly of her despair and anger at her inability to become a mother.<sup>81</sup> Wilcox was a prolific poet and author publishing five books of poetry, four fiction books, and two autobiographies, all of which sold well.<sup>82</sup> Many of Kate Douglas Wiggin's books were made into movies, the most famous being *Rebecca of Sunnyside Farm* (1938), which starred Shirley Temple. Each woman ultimately dedicated her life to children's issues in the attempt to mother in whatever ways they could.

One particular group of American women possessed a unique opportunity for alternative mothering—polygamous relationships in the Mormon west. According to historian Elain Tyler May, some early Mormon women who suffered from infertility found a chance to mother by co-mothering with their co-wives. Plural marriages ensured a multitude of children and for those struggling with infertility, any chance to mother would have been welcome. Some wives of Mormon men did not live with their husbands at all, but rather took more active roles in society by writing books and leading classes. One of Brigham young's wives, Eliza R. Snow, never had children of her own but

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<sup>81</sup> Walsh and Ronner, *The Empty Cradle*, 99.

<sup>82</sup> The Poetry Foundation, "Ella Wheeler Wilcox," <https://www.poetryfoundation.org/poets/ella-wheeler-wilcox>.

assisted her co-wives and others in the community with their offspring by aiding in the raising and educating of them.<sup>83</sup>

Lucretia Everett, however, continued to despair and turned her maternal energies to her garden. After losing hope of becoming a mother, Lucretia's husband was appointed as an envoy to Spain in 1825. Over the next four years of his assignment, Lucretia's letters feature similar statements about the growth and fertility of her garden. Mothering plants may have been her alternative to having children of her own. Lucretia continued to travel with her husband on his foreign missions. Alexander died in Canton, China on June 28, 1847 leaving his wife "alone and desolate among strangers."<sup>84</sup> Lucretia returned home to Boston in 1849 but very few letters survive after this date, although she did not die until thirteen years later (at the age of seventy-five).

Unlike the more private Lucretia, Mary Boykin Chesnut, a famous southern diarist and childless woman from South Carolina, wrote often about her struggle with infertility. Only seventeen when she married, Mary planned for a traditionally large family with her husband, James. The couple, however, consistently met with disappointment. Her diaries reveal the social obstacles she faced due to her childlessness. Throughout her life she was only known as a "childless wife in a prominent family."<sup>85</sup> Chesnut recognized her infertility as failure, complaining of the pain that she endured as her mother-in-law bragged about her numerous grandchildren "*to me... a childless wretch.*"<sup>86</sup> Chesnut wrote that "Women have such contempt for a childless wife." Yet the

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<sup>83</sup> May, *Barren in the Promised Land*, 52.

<sup>84</sup> Everett, letter to Hale, June 1847, box 110, folder 24, Sophia Smith Collection.

<sup>85</sup> Walsh and Ronner, *Empty Cradle*, 66.

<sup>86</sup> Mary Boykin Chesnut, ed. Ben Ames Williams *Diary from Dixie*, (Cambridge: Harvard University Press, 1980), 22.

contempt was not limited to women, as she wrote about her father-in-law who “rarely wounds me” could also be insensitive when he told his wife that “you must not feel that you have been useless in your day and generation.” Chesnut confided in her diary that she felt helpless, “no good have I done- to myself or anyone.”<sup>87</sup> She believed that infertility caused “condemnation” from both society as a whole and the woman’s own loved ones.<sup>88</sup> Because of her affluent position, it is reasonable to assume that Chesnut sought medical treatment for her infertility but there is no surviving record of it. Another example of a diarist who expressed discontent with her childlessness is found in Esther Hawks Hill, a female doctor who practiced in Florida during the 1870s. In her personal diary, Hill complained of her heartbrokenness from never being able to feel the love of a child or give the love of a mother, which she called “dearer than all other.”<sup>89</sup> It is surprising that, as a doctor, Hill does not appear to have pursued research or treatment for her affliction, especially at a time when the fields of gynecology and embryology were rising.

Social isolation proved a devastating side effect of infertility that women such as Mary Chesnut and Lucretia suffered. One of Lucretia’s favorite topics in her letters to her sister-in-law, Sarah, was children—Sarah’s own children, children of families she met, even children she saw at parties. Lucretia chronicled her loneliness watching children playing in the park outside of her bedroom window and her own desire to have a child to talk to when her husband was busy working. Along with personal desires for children like Lucretia’s, children were valuable for a variety of reasons but the main desire for children followed the desire to achieve the role of parents. Parenthood not only conferred status

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<sup>87</sup> Ibid.

<sup>88</sup> Kennedy, *Born Southern*, 35.

<sup>89</sup> Esther Hill Hawks, *A Woman Doctor’s Civil War: Esther Hill Hawks’ Diary*, ed. Gerald Schwartz (Columbia; University of South Carolina Press, 1984), 5.

but allowed men and women to “pass on their love, family traditions, and heritage to another generation.”<sup>90</sup> Inability to become parents blocked couples from becoming fully part of their family and society. As historians have demonstrated, childless women felt excluded both emotionally and physically “from the bonds of family and community that were supposed to provide their identity” in society.<sup>91</sup>

Childless women’s fears of being outcast from society were well-founded. A disdain for childlessness, for example, is prominent in popular novels of the nineteenth century, in which childless women were written as ridiculous, bitter figures. George Tucker’s novel, *The Valley of Shenandoah*, lampoons childlessness using the characters of the Buckley sisters. The sisters are elderly, single, and by extension, childless. Tucker ties their spinster lives, and childlessness, to their sour tempers and bitterness.<sup>92</sup> Being a spinster was not a problem that married and infertile readers would have identified with and it would have been painful to see childlessness depicted as such because becoming a spinster was a failure for nineteenth-century women. No nineteenth-century American novels, however, discuss the difficulties and desire a woman felt to have children. Although the topic may have been taboo in American culture, it was broached by a few German authors, with whom middle- and upper-class American women may have been familiar, as the American obsession with European culture popularized novels from across the Atlantic. Popular works included *The Wanderer in the Forest* (1847), *The Son of His Mother* (1906), and *Lori Graff* (1909). *Wanderer* and *Sons* each feature a couple longing

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<sup>90</sup> Walsh and Ronner, *The Empty Cradle*, 5.

<sup>91</sup> Ibid., 36.

<sup>92</sup> Kennedy, *Born Southern*, 36.



for children but who do not discuss their desires or feelings aloud.<sup>93</sup> The authors' reliance upon internal monologues when exploring feelings toward infertility may reflect how some individuals and couples reacted to their struggles and may have allowed the readers an opportunity to relate in a way that they could not find in society. *Lori Graff*'s self-titled protagonist found herself shamed by her mother-in-law for her childlessness as the woman assured Lori that her infertility could not have been caused by her son. In truth, Lori was forced to stay silent although her husband had rendered her infertile by infecting her with gonorrhea.<sup>94</sup> The novel, written by Hans von Hoffensthal, was written specifically to warn young girls and their parents about the dangers associated with venereal disease. Mary Boykin Chesnut could have related to *Lori Graff* as her own mother-in-law held fierce contempt for Chesnut's childlessness. Mrs. Chesnut bragged to her incessantly about her numerous grandchildren, an implicit criticism of Mary, the "childless wretch."<sup>95</sup> The few novels and stories treating infertility's struggle in a more sensitive way would have resonated with women who dealt with intense private pain and public shaming by over-bearing family members.

The stories of Lucretia and women like her reveal that infertility was not just seen as a personal but a social problem for which women bore responsibility. The struggle, shame, and grief over infertility has been felt throughout history but has yet to be heard from the nineteenth century. Medical knowledge on the subject was still limited and helped reinforce stereotypes of women as fragile and unstable. Those who turned to

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<sup>93</sup> Christina Benninghaus. "Silences: Coping with Infertility in Nineteenth-Century Germany," in eds. Gayle Davis and Tracey Loughran, *The Palgrave Handbook of Infertility in History: Approaches, Contexts, and Perspectives*, (New York: Palgrave MacMillan, 2019), 104-105.

<sup>94</sup> Ibid., 107.

<sup>95</sup> Walsh and Ronner, *The Empty Cradle*, 37.

doctors were less likely to be given a diagnosis but instead were blamed for their own disability. The politicization of infertility within the nineteenth century is relatively new to researchers but displays how infertile women were demonized for not aiding in the reproduction of their race and were assisting with the downfall of their nation.

Nineteenth-century infertile women were criticized and ostracized for their affliction while having to silently suffer in their own grief. The privatization of sexual topics and shame surrounding miscarriages prevented many women from forming communities that could have provided encouragement and assistance. The importance and stature placed upon the role of motherhood make clear why women who were unable to have children felt ashamed. Religion offered women stories of hope through Sarah, Rebecca, and Rachel yet reminded women that their infertility was in God's hands alone and that they were not whole enough to be let into the sanctuary. Though unable to physically bear children, many women found opportunities to "mother" in alternatives such as teaching, nursing, fostering and adoption. In nineteenth-century novels, childless women were featured as spinsters, failures, and reiterated that infertile women were outcasts. The burden of infertility that weighed so heavily on their hearts is still being found in letters and diaries and is necessary to complete the picture of womanhood and motherhood in nineteenth-century America.

### III. Infertility in Black Women During Slavery

Within the history of slavery, women who were unable to bear children due to infertility have been overlooked. Their own thoughts, feelings, and reactions have been pushed aside to allow a narrative of racist and sexist ideology thrive. Though black enslaved women affected by infertility suffered differently than white women, their desire for children was no less intense and pain no less meaningful. Venetria K. Patton stated in her book *Women in Chains: The Legacy of Slavery in Black Women's Fiction* that like women of all cultures, “female slaves...had a social ‘destiny’” that was directly related to their ability to bear children and create a family.<sup>96</sup> That expectation—on the part of their own families and those who held them in slavery--was complicated by the fact that they were held as chattel. Adding to their families added to their enslavers’ profits. Thomas Jefferson is often quoted as saying “a woman who breeds every two years [i]s more profitable than the best man on the farm.”<sup>97</sup> Yet scholars estimate that at the age of thirty-nine somewhere between fifteen and twenty percent of enslaved women remained childless.<sup>98</sup> While many enslaved women may have acted to prevent their reproduction, infertility certainly also played a role. The subject of infertility in enslaved communities, however, has been sorely understudied. Historians have found that women in slavery were more likely to suffer from infertility due to their poor nutrition and working conditions. Though some black women had no desire to have children and had traditions to aid them in this task, to be childless was a disappointment to their heritage

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<sup>96</sup> Venetria K. Patton, *Women in Chains: The Legacy of Slavery in Black Women's Fiction*, (Albany: State University of New York Press, 2000), 36.

<sup>97</sup> Jenifer L. Barclay, “Bad Breeders and Monstrosities: Racializing Childlessness and Congenital Disabilities in Slavery and Freedom,” *Slavery and Abolition* 38, n.2 (April 2017), 289.

<sup>98</sup> Kennedy, *Born Southern*, 37.

and ostracized her from her community. Children were important to women in slavery because they provided a life outside of their work and some independence from their masters. Slaveholders relied on fertility from their slaves to ensure that slavery continued and often forced the women in slavery into painful and dangerous surgeries in attempt to heal their infertility.

Scholarship on enslaved women's childlessness mostly emphasizes their desire to limit their childbearing as a form of agency. Historian Marie Jenkins Schwartz's work with oral histories and the Works Progress Administration's ex-slave interviews reveals how black women held in slavery "found themselves struggling in the most basic physical terms for control over fertility and childbearing."<sup>99</sup> Schwartz argues that enslaved women controlled their own fertility as a form of rebellion against their owners. More importantly, her work emphasizes the importance of family within the enslaved community, explaining why enslaved women would want to become mothers and how heartbreaking it would be for those unable to do so. Much of Schwartz's work is heavily influenced by and builds upon a classic in the history of the African American community, Herbert Gutman's *The Black Family in Slavery and Freedom, 1790-1925* (1976). At a time when much of the American public still thought of the black family as "broken" due to its history in slavery, Gutman helped establish a narrative of a loving family life built on African American agency. Many other works have continued to enrich the scholarly understanding of family life under slavery, including Jacqueline Jones's sweeping study of enslaved women's work and family lives, and Daina Ramey Berry's gendered history of slavery and community of Georgia. Such work provides

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<sup>99</sup> Schwartz, *Birthing a Slave*, 5.

insight into the relationship between mothers and children in slavery and the value enslaved women placed on motherhood despite their bondage.

The most recent scholarship on enslaved women links their fertility and family life to slavery's capitalism. While enslavers' desire for bondswomen to bear many children for their own profit and the continuation of the institution is well-known, work like Daina Ramey Berry's *The Price for their Pound of Flesh* (2017) and Dierdre Cooper Owen's *Medical Bondage: Race, Gender, and the Origins of American Gynecology* (2017) expand on the links between enslaved women's fertility and whites' profits. Owens describes the lengths slaveholders were willing to go to ensure enslaved women could have children, including forced surgeries that resulted in the development of modern gynecology.<sup>100</sup> While the field continues to grow rapidly and has come to include more emphasis on enslaved women's own feelings and desires, the topic of infertility among nineteenth-century black women remains underdeveloped. Scholars who have touched on the topic of involuntary childlessness among enslaved women have failed to deeply interrogate how that infertility affected women.

While whites generally believed black women to be more fertile than white women, a few nineteenth-century doctors believed that black women suffered a higher risk of infertility.<sup>101</sup> Historians have come to understand that due to malnutrition, workload, and environmental conditions, enslaved women's poor health resulted in temporary or permanent infertility.<sup>102</sup> Women of childbearing age, typically ranging from

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<sup>100</sup> Daina Ramey Berry, *The Price for their Pound of Flesh*, (Boston: Beacon Press, 2017); Owens, *Medical Bondage*.

<sup>101</sup> Schwartz, 28.

<sup>102</sup> Ibid., 104.

18-35, often had the most inadequate diets, worked most strenuously, and were susceptible to the infectious disease.<sup>103</sup> Between 1830 and 1860 the cotton boom created an increase in miscarriage rates. The heavier workloads required of the enslaved people as well as the emotional demands caused by family breakups associated with the forced migration to the lower south compounded the problem.<sup>104</sup> Josephine Bacchus, an ex-slave from South Carolina stated “I ain’t never been safe in de family way.” Though able to conceive, Josephine was never able to birth a “nine month child” and attributed her inability to a lack of “good attention” during her time in slavery. Very few women in slavery were aware of proper prenatal care or recognized early signs of pregnancy. Forced to continue working, many women with early pregnancies suffered miscarriages due to their workload interfering with blood flow to their placenta and endangering the fetus. Slaveholders were often responsible for the health of fetus while the women in slavery were pregnant as the enslaved women were limited in their knowledge of care. Slaveholders purchased books in attempts to aid the pregnant enslaved women to a healthy labor. However, slave owners also had to weigh the financial loss of having a pregnant woman work on a slighter scale against the financial gain of having more slaves.<sup>105</sup> Each of these factors contributed to lower birth rates and poor prenatal care.

The field of gynecology appealed to many men because it allowed them to enhance the role of “protector” of women, a common ideology held by nineteenth-century men. Historian Deidre Cooper Owens argued that this was an important role for many men because it allowed them to become “great white fathers” to the black men and

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<sup>103</sup> Ibid.; Patton, *Women in Chains*, 123

<sup>104</sup> Ibid., 19

<sup>105</sup> Wilma King, *Stolen Childhood: Slave Youth in Nineteenth Century America*, (Bloomington: Indiana University Press, 1995), 4-5.

women in slavery.<sup>106</sup> These slave owners felt responsible for the enslaved men and women and desired to maintain the black women's ability to bear children to secure the institution of slavery. Other slave owners fulfilled this role in an untraditional manner and examples are found in WPA narratives describing childless slave owners, both men and women, who treated their slaves as children and assisted in raising the children birthed into slavery.<sup>107</sup> Nan Stewart of Ohio remembered how her childless owners wanted the children in slavery "to be raised in propah mannah" and therefore refused poor whites to move close to his plantation.<sup>108</sup>

Medical men advertised their services to enslavers, promising to reduce infertility among enslaved people. Many doctors placed blame for their poor health on the bondswomen themselves blaming "their reckless disregard" for their own medical issues, their carelessness, and sometimes their sexual promiscuity.<sup>109</sup> Dr. John Mattauer of Virginia blamed the failure of multiple surgeries intended to correct vaginal fistulas on the enslaved woman's inability to prevent or unwillingness to abstain from "sexual intercourse."<sup>110</sup> Although his assumption that sexual activity was preventing the procedures' success might have been correct, his patient had little control over how often her body was submitted to sexual activities.<sup>111</sup> Other doctors placed blame on the enslaved women's inability to cook nutritious food for their families or bathe themselves, despite the well-known fact that enslaved families' diets and access to water and time to

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<sup>106</sup> Ibid., 39.

<sup>107</sup> *Library of Congress: Federal Writers' Project: Slave Narrative Project Texas, Part 1*, 86.

<sup>108</sup> *Library of Congress: Federal Writers' Project: Slave Narrative Project Ohio*, 88.

<sup>109</sup> Berry, *The Price for their Pound of Flesh*, 74.

<sup>110</sup> Owens, *Medical Bondage*, 33-34.

<sup>111</sup> Ibid., 34.

bathe were not under their own control.<sup>112</sup> Slaveholders weighed the cost of providing more hands on the plantation and more ‘property’ to sell against the expensive option of hiring a doctor.<sup>113</sup> They often subjected new purchases to a wellness examination. Because of the investment that men and women in slavery represented, many perspective buyers wanted to ensure that the women they were purchasing as “breeders” were able to fulfill their function. However, whites more easily proved fertility than infertility. With the assistance of medical journals, unexperienced doctors learned to determine if a woman had given birth before through a gynecological exam.<sup>114</sup> This symbiotic relationship between doctors and slavers endangered women in slavery. Treatments for infertility were often intrusive and involved “purging, puking, bleeding, blistering, and boldly drugging patients.”<sup>115</sup> The attempt of slaveowners to control the fertility of their captives increased profits by reproducing assets but also represented an attempt to minimize the community bonds felt by women in bondage.<sup>116</sup>

There are many reasons why an enslaved woman would not want to have a child. Elizabeth Keckley, free dressmaker to Mary Todd Lincoln, once wrote that “I could not bear the thought of bringing children into slavery, of adding one single recruit to the millions bound to hopeless servitude.”<sup>117</sup> Beyond concern for future generations, controlling their own fertility allowed enslaved women a source of resistance. Lulu Wilson of Texas once feigned infertility because her master forced her to marry a man against her will. Wilson never bore a child with him yet went on to have eleven children

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<sup>112</sup> Ibid., 53.

<sup>113</sup> Schwartz, *Birthing a Slave*, 69.

<sup>114</sup> Ibid., 73.

<sup>115</sup> Ibid., 70.

<sup>116</sup> Ibid., 31.

<sup>117</sup> Kennedy, *Born Southern*, 41.



when allowed to marry the man of her choice. .<sup>118</sup> She coyly told how “Da Master never did learnt how come thar warnt any chils bo’n wid de furst man.”<sup>119</sup> When Nancy, from Texas, refused to bed the man that her owner forced upon her, he whipped her for her disobedience. After seeing the result of her punishment, the man, named Tip, respected her wishes and slept on the floor.<sup>120</sup> Enslaved people like Henry Bibb viewed forced coupling? as destructive to “the bonds of affection” in enslaved families<sup>121</sup>.

Enslaved women brought traditional knowledge of contraceptives from Africa. Newcomers recognized options like the cotton root and passed down knowledge on their uses in preventing conception.<sup>122</sup> Women employed dogwood root and dog-fennel root together, or “alum water” which consisted of a combination of turpentine, rue, and camphor.<sup>123</sup> Herbert Gutman lists a number of different medical and “magical” options to prevent conception or induce abortion that included “swallowing gunpowder mixed with sweet milk” and a “teaspoon of turpentine each morning for nine consecutive days.”<sup>124</sup> It was nearly impossible for whites to detect whether a bondswoman used contraception or induced abortion as “they were virtually exclusive to the female world of the quarters, and when those arose they were attended to in secret and were intended to remain in secret.”<sup>125</sup> Although they endured an onerous work load in any circumstance, enslaved women who successfully prevented pregnancy or birth risked a heavier work load.

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<sup>118</sup> Ibid., 40.

<sup>119</sup> George Rawick, ed., *The American Slave: A Composite Autobiography* (Westport, CT: Greenwood Press, 2917, suppl. 2, vol. 6) 4295-4296.

<sup>120</sup> Liese M. Perrin, “Resisting Reproduction: Reconsidering Slave Contraception in the Old South,” *Journal of American Studies* 35 n.2, Part 2 (Aug 2001): Perrin, 263-4.

<sup>121</sup> Berry, *The Price for their Pound of Flesh*, 80.

<sup>122</sup> Ibid., 260.

<sup>123</sup> Ibid., 275; Schwartz, *Birthing a Slave*, 99.

<sup>124</sup> Herbert Gutman, *The Black Family in Slavery and Freedom 1750-1925* (New York; Pantheon, 1976), note, 80-82.

<sup>125</sup> Perrin, “Resisting Reproduction,” 256.

Women like Mandy Buford, a childless bondswoman from Arkansas, might be relegated to strictly “men’s” work when regarded as useless for “breeding.” These women also risked separation from their spouses via forced re-coupling or sale.<sup>126</sup> Enslaved women faced brutal whippings and other punishments when suspected of preventing their reproduction. When Sibby, a South Carolina bondswoman, miscarried, her enslaver suspected abortion and locked her up for a time as punishment..<sup>127</sup> Abortion among enslaved women slave owners who benefitted from a self-reproducing population.<sup>128</sup> The practice was so common that Anna Lee, from Texas, believed that a new generation of slavery would not be born due to the prevalence of contraceptives and abortions, declaring that “slaves had done quit breeding.”<sup>129</sup>

As significant as it is, scholars’ focus on enslaved women’s efforts to prevent pregnancy and childbirth has prevented historians from investigating the stories of enslaved women who remained childless due to infertility rather than choice. The plight of enslaved women who wanted to be mothers but could not is a significant aspect of the history of enslaved families. In many African traditions, barrenness represented a “calamity.”<sup>130</sup> West African custom held that childless women were not considered to be full adults and were seen as less valued in society.<sup>131</sup> As Marie Jenkins Schwartz argues, this ideology carried over into slave communities. A single woman without children was expected to live with her parents or with another family and remained part of their

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<sup>126</sup> Schwartz, *Birthing a Slave*, 19.

<sup>127</sup> Perrin, “Resisting Reproduction,” 264.

<sup>128</sup> Schwartz, *Birthing a Slave*, 110.

<sup>129</sup> Perrin, “Resisting Reproduction,” 261.

<sup>130</sup> Patton, *Women in Chains*, 22.

<sup>131</sup> Ritgak A Dimka and Simon L Dein, “The Work of a Woman is to give Birth to Children: Cultural Constructions of Infertility in Nigeria,” *African Journal of Reproductive Health* 17 n.2 (June 2013), 103.

domestic unit until she had children of her own. Even after marriage, the woman might continue living with the family until she had given birth to her first child. This arrangement was especially common within smaller slave holdings, where husbands and wives were more likely to have lived and worked on separate operations.<sup>132</sup> When she gave birth, a mother asserted her role as a woman and commanded respect. Mother and father achieved integration into the universe.<sup>133</sup>

Indeed, African tradition held up fertility as a woman's greatest gift.<sup>134</sup> Thus, women from whom that gift was withheld were "pitied, feared, hated or ostracized."<sup>135</sup> These judgements depended on why the community believed the woman to be infertile. Scholars have identified three common explanations for infertility put forward within enslaved communities. The first explanation was the belief that the woman was physically defective. This explanation would have come from a midwife or even a doctor. The second possible explanation offered by the community was that the woman had violated some taboo or ethic. In African tradition this might be determined by a diviner, curer, or medicine man. The final possibility was that some force or power attempted to communicate with the woman by interfering with conception or birth. This force was sometimes believed to be an ancestor of the woman but could also be a genie or divinity.<sup>136</sup>

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<sup>132</sup> Schwartz, *Birthing a Slave*, 19.

<sup>133</sup> Kenneth Morgan, "Slave Women and Reproduction in Jamaica, c. 1776-1834," *Journal of the Historical Association* 91 n.302 (April 2006), 247.

<sup>134</sup> Ibid.

<sup>135</sup> Erny P, "Sterilite et rites de fecondite dans la tradition africaine [Sterility and fertility rites in the African tradition]," *Afrique documents* 101 (1969), 47.

<sup>136</sup> Ibid.

Traditional Yoruba belief denied infertile women the chance to be part of a family. Yoruba households often consisted of polygamous marriages in which women gained status by the order of their marriage and how many children they delivered. A childless wife did not contribute to the family and so was often sent back to her parents' house. The community might blame the woman's infertility on witchcraft and assume that the childless woman would turn to witchcraft herself to exact revenge on the rival wives. Any woman could become a witch due to the power of women's blood, but a childless witch was more likely to be blamed for other misfortunes in the family such as children's deaths, impotence, and infertility.<sup>137</sup> Tradition categorized women's blood as either "good" or "bad." "Good" blood mixed with men's semen to create life and allowed for a successful birth. "Bad" blood was rejected from the womb (a woman's menses) because it was incapable of creating life. Men avoided women's "bad" blood because it had the power to "neutralize their most powerful medicines through physical contact."<sup>138</sup> Each women held the potential for witchcraft because all women possessed "bad" blood and menstruated, but a few were known to possess *only* "bad" blood, resulting in the *àjé* or "mother eats." This term was given to the witch that consumed the fetus of a rival wife by "transforming herself into a night bird and sucking the life-force from within." Such witchcraft could not be dispelled due to its attachment to the blood of women.<sup>139</sup> Thus, a woman suffering from involuntary childlessness in these communities watched the other wives bear children and improve their status while her own position became ever more precarious. Infertile women not only suffered their own personal loss but also bore the

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<sup>137</sup> Andrew Apter, "The Blood of Mothers: Women, Money, and Markets in Yoruba-Atlantic Perspective" *The Journal of African American History* 98 n. 1 Winter 2013, 75.

<sup>138</sup> Ibid., 73.

<sup>139</sup> Ibid., 75.

burden of blame for the loss of other children in her community. In contrast to white Atlantic society, African women's infertility related not to women's weakness but their power. Because vestiges of West African values survived into African American generations, involuntarily childless women in slave communities felt the loss of their "destiny." Some faced blame and shame associated with traditional beliefs of conjure and witchcraft.<sup>140</sup>

For enslaved couples who desired children, becoming parents solidified their relationship and their feelings for each other and "cemented notions of family even on a shaky foundation."<sup>141</sup> Even under slavery, a status that denied legal status for their marriages and no real claim to the destinies of their children, African Americans revered family as a central component of their lives. Although whites denied them parental rights, bearing children offered many women a first chance at unconditional love. Motherhood gave enslaved women a chance "to express maternal love, to receive affection from children, to gain a sense of worth, to give and receive comfort, and to nurture."<sup>142</sup> More than that, children could provide help in household by assisting with cleaning, cooking, childcare of younger siblings, even supplying dinner by trapping, fishing, or gathering fruit and nuts. When children assisted in these ways, they freed mothers to complete tasks dictated by whites and maybe even steal time to weave cloth and sew garments for the family. Children contributed to the household economy.<sup>143</sup> Marie Jenkins Schwartz

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<sup>140</sup> Mart A. Stewart, *"What Nature Suffers to Groe": Life, Labor, and Landscape on the Georgia Coast, 1680-1920* (Athens: University of Georgia Press, 1996), 144-145. For the blurred lines between the physical and spiritual worlds in black communities, see also Sharla M. Fett, *Working Cures: Healing, Health, and Power on Southern Slave Plantations* (Chapel Hill: University of North Carolina Press, 2002).

<sup>141</sup> Owens, *Medical Bondage*, 82.

<sup>142</sup> Emily West, "The Double-Edges Sword of Motherhood Under American Slavery," Uncommon Sense-The Blog. <https://blog.oieahc.wm.edu/the-double-edged-sword/> (Accessed May 7, 2019).

<sup>143</sup> Kennedy, *Born Southern*, 11.

argues that parenthood “allowed mothers and fathers alike to experience life beyond the role of slave. The survival of their people depended on the birth of infants.”<sup>144</sup>

Women in bondage who desired to be mothers drew from their community’s traditions to enhance their own fertility, like employing natural remedies or turning to a conjurer. One of the more common treatments to increase fertility was Queen’s Delight Tea. The tea is made from Queen’s Delight (*stillingia sylvatica*). The plant was believed to act as a “blood cleanser” and help a person embody positive energy and aid in conception.<sup>145</sup> Other suggestions included copulation during harvesting seasons for a greater chance of conception and to marry darker skinned men.<sup>146</sup> Ironically, women often used the same herbal remedies to enhance fertility as to induce abortions, making it difficult for scholars to understand the exact methods. These remedies included herbal remedies, often taken as tea, to regulate menses. This would often lead to undesired abortions as many women were unaware of their own pregnancy before four months. Without knowledge of their pregnancy, many women only recognized that they were not regularly menstruating and sought to correct that issue.<sup>147</sup> It was not only their own healers who showed interest in menses among women in the slave communities, however. Some slave owners began to pay special attention to enslaved women’s cycles, sometimes sending overseers to look for soiled rags under enslaved women’s beds.<sup>148</sup> They consulted physicians about assisting the enslaved women in regulating their menses

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<sup>144</sup> Schwartz, *Birthing a Slave*, 93.

<sup>145</sup> Lee, *Working the Roots*, 311.

<sup>146</sup> Schwartz, *Birthing a Slave*, 101.

<sup>147</sup> Etienne van de Walle, “Flowers and Fruits: Two Thousand Years of Menstrual Regulation,” *The Journal of Interdisciplinary History* 28 n. 2 (Autumn, 1997), 185.

<sup>148</sup> *Ibid.*, 80.

and would order pills when they deemed it necessary.<sup>149</sup> Taking their cue from the slave quarters, doctors worked to better understand the importance of a regular menses to the fertility of free white women. Representing confidence in this growing awareness, a Tennessee doctor named Baskette argued that the greatest cause of barrenness was the lack of attention to a woman's proper menses.<sup>150</sup>

The desires of enslaved women and white doctors conflicted on many levels. Bondswomen found themselves attempting to negotiate an option that allowed them to control their own bodies and cooperate with their owners.<sup>151</sup> Sometimes the healers of the slave communities would work in conjunction with the medical doctors to improve fertility, but most often they practiced on their own remedies out of sight of the slave owners, their managers, and white doctors.<sup>152</sup> The remedies suggested by medical men varied drastically. Some doctors suggested herbal medicine, like Dr. Ashby from Virginia who experimented and was successful with the plant substance, stramonium, in 1840.<sup>153</sup> Another southern doctor prescribed a previously infertile woman to assist with the childbirth of another enslaved woman and to "breastfeed" the infant. Other efforts included hot foot baths, tonics, diet changes, and surgeries.<sup>154</sup> Most of the surgeries performed on the women in slavery were completed not at the woman's request but that of the slave owner, and often without the woman's permission. Scholars have well-established professional gynecology's roots in whites' research and experimentation on enslaved women. Many doctors, including "the father of gynecology," Dr. James Marion

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<sup>149</sup> Ibid., 79.

<sup>150</sup> Schwartz, *Birthing a Slave*, 75.

<sup>151</sup> Ibid., 103, 70.

<sup>152</sup> Ibid., 13.

<sup>153</sup> Ibid., 82.

<sup>154</sup> Ibid., 84-85.

Sims, performed experiments and conducted research on enslaved women.<sup>155</sup> Seeking medical breakthrough and professional gain, doctors performed experimental surgeries on enslaved women, often without anesthesia due to the common belief among whites that black women did not feel pain as keenly as whites. Physicians' own writings admit that the women endured treatment, surgeries, and childbirth while held by restraints.<sup>156</sup> The field of gynecology grew at the expense of women held as chattel, unwillingly serving as mannequins by which doctors could learn more about women's bodies and reproductive process. Enslaved women with gynecological problems were hospitalized more than men and therefore had more contact with medical men than others.<sup>157</sup> The surgeries became so well known in the slave community that women in bondage began hiding their pregnancies, miscarriages, and sometimes even concealing labor from their owners in attempt to be spared painful procedures.<sup>158</sup> The knowledge whites harvested from the examinations and experiments on these women was shared in journals, distributed to slave owners and overseers who employed them to control black women's health and bodies. Crucially, whites used the resulting knowledge from exploitative treatment of enslaved women to improve the fertility and lives of white women. Thus, white and black women's fertility were never separate. In a complex entanglement of notions of race and gender, whites believed African-descended people were biologically distinct from whites, they allowed for similarities and when it came to the female reproductive system. In the same way that they commonly used black women to breastfeed white infants, whites saw no contradictions in declaring racial difference while

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<sup>155</sup> Berry, *The Price for Their Pound of Flesh*, 72.

<sup>156</sup> Owens, *Medical Bondage*, 10.

<sup>157</sup> Ibid., 9.

<sup>158</sup> Schwartz, *Birthing a Slave*, 139.



inferring knowledge of white women's health based on their examination of black women's bodies. Physicians understood that the systems were identical between the races and proceeded with surgeries hoping to replicate any success with their wealthy white patients.<sup>159</sup>

The telling example of Mary, a twenty-eight-year-old enslaved woman who visited a white surgeon in April 1850, appears in Owens' *Medical Bondage*. Mary visited the Medical College of Georgia for irregular menses and vaginal hemorrhaging. Mary was especially concerned that she and her husband had never conceived a child. The surgeon, Dr. Paul Eve, was unsurprised by what he considered "common" symptoms among slaves and diagnosed her with cancer. She agreed to surgery to remove cancerous tissue, during which Dr. Eve removed her uterus without her knowledge or consent. Mary recovered and the doctors believed they completed the first "full uterine removal operation in the United States." After her operation, however, Mary was left asking herself, and eventually the doctors, why she had not menstruated since the surgery.<sup>160</sup> Mary had been sterilized without her knowledge or consent. As chattel, she had no recourse. It is unknown whether Mary was informed of her infertility and if so, how she reacted to the news that she and her husband's hopes for parenthood would never be realized. After Mary's death in July 1850, only three months after her treatment, whites preserved her uterus and placed it in a museum for other doctors to view.<sup>161</sup>

Mary was not the only enslaved woman rendered infertile without her knowledge or consent. In 1835, a thirty-five-year-old enslaved woman endured an experimental

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<sup>159</sup> Owens, *Medical Bondage*, 28.

<sup>160</sup> Ibid., 20.

<sup>161</sup> Ibid., 20.

operation in attempt to remove an ovarian tumor after she found a lump on her abdominal area that plagued her with pain. A mother to one child, she had suffered multiple miscarriages over the past seven years. The woman suffered a surgery without anesthesia. Doctors noted, “there was no opportunity for the safe use of the knife” due to her screaming and struggling.<sup>162</sup> The woman, whose name was not recorded, survived but never menstruated again.<sup>163</sup> While both surgeries provided here as examples may have saved women’s lives, the doctors who performed them made choices about their fertility without their knowledge or consent. Enslaved women who endured treatment by white doctors did not receive any indication that they would lose the chance of having children in the future. This consequence not only affected their personal lives but also their valuation in the eyes of their owners.

Like other nineteenth century women, black women who were disappointed in their desires for motherhood found ways to cope that involved alternative mothering. For example, they involved themselves in community childcare as much as their work allowed. Hannah Allen from Missouri set up house with her husband on a lot of land he purchased right after the Civil War. Allen explained in a 1930s interview that her husband “always liked to have little children around but we ain’t had none of own.” They cared for her husband’s sister’s son for six years when her sister-in-law decided to “work out” of the home for wages.<sup>164</sup> Allen explained that her husband’s sister had also been very young and may not have been ready for the responsibility of motherhood. The couple later adopted a little girl born under scandalous circumstances in the Jim Crow

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<sup>162</sup> Ibid., 46.

<sup>163</sup> Ibid., 47.

<sup>164</sup> *Library of Congress: Federal Writers’ Project: Slave Narrative Project, Vol. 10, Missouri, Abbot-Younger*, <https://www.loc.gov/resource/mesn.100/?q=childless&sp=16> (accessed March 25, 2019).

South. With a black father, the child had no part in the white mother's new life as she married a white man who would not abide the girl's presence. Hannah and her husband adopted the three-year-old girl, who died shortly after.<sup>165</sup> There is evidence that after slavery ended children of mixed race were adopted into former slave families, even those who did not struggle with infertility.<sup>166</sup> Other childless women found themselves taking care of their husband's children with other women.<sup>167</sup> It has been proven that many enslaved women took care of children that were not their own due to the sale of enslaved men and women separating families. However, childless enslaved women did not have the access to freely express their desire for mothering as free white women. Sometimes the women were forced to watch over other children, even the children of their owners. Although it is impossible for scholars today to completely understand how alternative options might have affected childless bondswomen's desire for motherhood, it makes sense to assume they welcomed the opportunity to create a family.

Irene Robinson from Georgia heard her mother tell stories that are revealing of the stakes of motherhood in slavery and freedom. Her mother recounted being given away to a family member of her owner for being barren. After her mother's "slavery husband" didn't return from fighting in the Civil War, she took up with another man. It was not long before Irene was born to her mother and this new man. This seemingly sudden change in her mother's fertility caused her mother's mistress to lose trust in Irene's mother and dislike Irene for not knowing her "stock." Irene called herself a

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<sup>165</sup> Ibid.

<sup>166</sup> *Library of Congress: Federal Writers' Project: Slave Narrative Project, Vol. 11, North Carolina, Part I, Adams-Hunter*, <https://www.loc.gov/resource/mesn.111/?sp=150&q=adopt> (accessed March 25, 2019).

<sup>167</sup> *Library of Congress: Federal Writers' Project: Slave Narrative Project, Vol. 15, Tennessee, Batson-Young*, <https://www.loc.gov/resource/mesn.150/?sp=81&q=adopt> (accessed March 25, 2019).

“picked-up” baby due to the fact that her mother was thought to have been “too old to start up when she never had children.”<sup>168</sup> The timing of Irene’s birth allows for a fascinating view at how fertility was seen after the Civil War in the moment straddling slavery and freedom. When Irene’s mother was allowed to choose her own partner, her subsequent pregnancy and child caused her former owner to suspect that she intentionally avoided pregnancy while under his supervision. While she was still owned by him, she was hired out to work for a local doctor who her owner hoped she “would learn how to have children from him.” Although her mistress “lost faith” in Irene’s mother when Irene was born, the mistress relied on her too much to let her leave her employment.<sup>169</sup> Irene was not liked by her mother’s employer. While Irene’s mother could be trusted, the mistress did not know Irene’s father and was therefore unsure on whether the child could be trusted. Only a child, Irene paid the price for her mother’s suspicious fertility.

Whites routinely punished infertility among enslaved women. If an enslaved woman was unable to become a mother, not only her role on within her working community would be at risk, but also her stability in the enslaved community. Kennedy believed that a bondwoman suffering from infertility would be alienated from her own community by being sold away, probably meaning permanent separation from her family and loved ones.<sup>170</sup> Alice Douglass, from Tennessee, put bondswomen’s plight bluntly: “You better have them whitefolks some babies iffen you didn’t wanta be sold.”<sup>171</sup> Mary

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<sup>168</sup> *Library of Congress: Federal Writers’ Project: Slave Narrative Project, Vol. 2, Arkansas, Part 5, McClendon-Prayer*, <https://www.loc.gov/resource/mesn.025/?sp=314&q=barren> (accessed March 25, 2019).

<sup>169</sup> *Ibid.*

<sup>170</sup> Kennedy, *Born Southern*, 37.

<sup>171</sup> Schwartz, *Birthing a Slave*, 19-20.

Grayson's mother, a slave from Oklahoma, was sold twice due to her infertility. The first time she was sold, her master believed she had not had any children because she was too young. Her second owner married her to one of "his boys" and after she had not produced any children from their relationship, he decided she "was no good breeder" sold her again. Her last owner was criticized for purchasing her yet reaped the benefits when she birthed ten children with one of his slaves.<sup>172</sup> Many women in slavery knew of the consequences if they were unable to 'breed' and would often overtly demonstrate their healthiness, and therefore their fertility, even if they knew they were infertile.<sup>173</sup>

Slavery's capitalism relied on enslaved people's ability to bear children. Due to the embargo on slave importation placed in 1807, white southerners understood that black women "literally carried the race and extended the existence of slavery in their wombs."<sup>174</sup> Historian Edward Baptist describes the womb of black woman a "slave" and thus the child of the womb was property of the slave owner.<sup>175</sup> In his Federal Writer's Project interview, Berry Clay spoke of how the planter "requested, or rather demanded, that [couples] be fruitful. A barren woman was separated from her husband and usually sold."<sup>176</sup> This statement reveals that infertility was one reason why slaveholders would not allow slaves marriages to be legally binding. The loose binding of slave marriages allowed slaveholders to break up couples and place the men and women in slavery with other partners in hopes of bearing children. Clay's statement also shows that infertility

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<sup>172</sup> *Library of Congress: Federal Writers' Project: Slave Narrative Project Volume 13, Oklahoma, Adams-Young*, <https://www.loc.gov/item/mesn130/> (Accessed July 6, 2020).

<sup>173</sup> Owens, *Medical Bondage*, 48.

<sup>174</sup> *Library of Congress; Federal Writers Project: Slave Narrative Project, Vol. 4, Georgia, Part 1, Adams-Furrs*, <https://www.loc.gov/resource/mesn.041/?sp=200&q=barren> (accessed March 25, 2019).

<sup>175</sup> Edward Baptist, *The Half has Never Been Told: Slavery and the Making of American Capitalism*, (New York: Basic Books, 2014), 106.

<sup>176</sup> *Ibid.*

has been deemed a woman's issue as it was the woman who would be sold away from the plantation.

Even before the embargo, the import of women was of vital importance to ensure enslavers that additional labor could be supplied without purchase.<sup>177</sup> As "breeders," women in slavery increased their masters' property when they bore children, as children inherited the status of the mother as decided by the Virginia Assembly. In 1662, the Virginia Assembly passed a law declaring that "all children born in this country shall be held bond or free according to the conditions of the mother."<sup>178</sup> In doing so, a woman's ability to bear children became a commodity in itself. After the transatlantic slave trade was abolished, the values of women's bodies increased steadily over the next few decades.<sup>179</sup> Often times a strong and healthy black man would fetch the largest price at auction except when a well-known "breeding" woman was available.<sup>180</sup> "Breeding" women could sell for as much as \$2,000, more than double what a woman with no children would sell for.<sup>181</sup> There is evidence that sometimes women known to be infertile were sold for as little as one dollar.<sup>182</sup> The decision to purchase a woman for the purpose of breeding depended on the buyer's needs, but also meant that they put a price on children in slavery before they were conceived.<sup>183</sup> Slave owners who could afford to be selective would take the opportunity to forcefully breed certain slaves in attempt to "improve" their "stock."<sup>184</sup> Hannah Allen of Missouri remembered, "When dey want to

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<sup>177</sup> Berry, *The Price for their Pound of Flesh*, 14.

<sup>178</sup> King, *Stolen Childhood*, 6.

<sup>179</sup> Berry, *The Price for their Pound of Flesh*, 79.

<sup>180</sup> Schwartz, *Birthing a Slave*, 13.

<sup>181</sup> Ibid.

<sup>182</sup> Owens, *Medical Bondage*, 56.

<sup>183</sup> Berry, *The Price for their Pound of Flesh*, 13.

<sup>184</sup> Schwartz, *Birthing a Slave*, 23.

raise a certain kind of a breed of chillum or certain color dey just mixed us up to suit dat taste.”<sup>185</sup> There is evidence to suggest that the opposite was attempted as well, as slave owners sold or had reproductive surgeries performed on men and women in bondage who were considered to have undesirable qualities or were thought to by “runty.”<sup>186</sup>

When enslaved adults failed to have children, the owners would offer bribes and rewards or threaten to sell them away to encourage “breeding.” Infertility in an enslaved woman denied the owners a chance for more profit and the white slave-owners would try everything in their power to cure it. Slave owners often desired an increase in their slave populations as a way to benefit their own children and future generations by ensuring that slavery endured for the benefit of the plantation.<sup>187</sup> Marie Jenkins Schwartz argues that “every woman of an appropriate age needed to bear children.”<sup>188</sup> They paid attention the sex ratios on their farms, and sometimes even allowed their enslaved men and women to court and marry those from other farms if the marriage resulted in pregnancy and children. Many held the racist ideology that black women were more fertile than white women.<sup>189</sup>

If an owner purchased an enslaved woman who proved infertile, they could sue the seller for failing to disclose the defect prior to purchase. While uncommon, these occurrences prove the importance that slaveowners placed on a black woman’s ability to successfully birth children.<sup>190</sup> When these cases did go to court, judges and juries

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<sup>185</sup> Berry, *The Price for their Pound of Flesh*, 22.

<sup>186</sup> *Library of Congress, Federal Writers’ Project: Slave Narrative Project, Vol. 11, North Carolina, Part 1, Adams-Hunter*, <https://www.loc.gov/resource/mesn.111/?sp=150&q=adopt>.

<sup>187</sup> Schwartz, *Birthing a Slave*, 14.

<sup>188</sup> *Ibid.*, 15. Italics my own.

<sup>189</sup> *Ibid.*, 15.

<sup>190</sup> *Ibid.*, 74.

typically sided with the slaveholders who were misled about a woman's fertility reinforcing the value placed on black women as reproducing chattel.<sup>191</sup> Further evidence of the value of enslaved women's childbearing is provided in the form of court cases that culminated in a pregnant woman's execution sentence. All such executions were stayed until the woman was able to deliver the child and the baby was returned to the woman's owner.<sup>192</sup> This is shown in one of the most well-known judicial cases of the nineteenth century, *State of Missouri v. Celia, a slave*. Celia, an enslaved teenager who was accused and convicted of murdering her owner, Robert Newsome. Newsome had sexually abused Celia for years. She had borne two of his children and was pregnant with another when she killed him. The court held off on her execution until the last baby was born.<sup>193</sup>

Though often stereotyped as hyper-fertile breeders, historians have found that women in slavery were more likely to suffer from infertility due to their poor nutrition and working conditions. Sometimes whites employed doctors to help diagnose the women but instead of providing proper education on pre- and post- natal practices, they blamed the women for their own infertility and believed they deserved the disability. Black women who had no desire to have children and practiced traditional methods to aid them in this prevention, have led the historical narrative. Yet to be childless in a slave community meant heartbreaking disappointment for many. Infertility denied a black woman some of her chance to be part of family and to be loved unconditionally. Unlike white women, black women's community sometime related their infertility to a dangerous power within themselves, often leading to ostracism from their community.

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<sup>191</sup> Ibid., 75.

<sup>192</sup> Owens, *Medical Bondage*, 43.

<sup>193</sup> Ibid.



Children were important to women in slavery because they provided a life outside of their work and some independence from their masters. Children also would bring a relief from punishments for their infertility. Women in slavery turned to traditional methods of enhancing fertility through herbs but slaveholders needing to see results often forced their enslaved women into painful and dangerous surgeries in attempt to heal their infertility. As chattel, enslaved women's infertility was far from private. Slaveholders relied on fertility from their men and women in bondage to ensure that their profits and the institution of slavery continued. With the growing interest in infertility, doctors began to investigate the sex lives of enslaved women who seemed unable to produce children. Though it would have been scandalous to openly discuss a white woman's menses cycles, and especially so to force and watch a couple copulate, enslaved people endured these embarrassments and more when whites wanted their men and women in slavery to reproduce and when whites litigated the fertility of enslaved women in slave owners' legal disputes. The topic of sterility became common place in everyday conversations that were tied to the profitability of the slaveholders.

#### IV. Infertility and its Effect on Nineteenth-Century Men

Although infertility and sterility affected both sexes, it is most commonly associated with women, because it was the woman's body that must become pregnant, carry the child, and successfully deliver.<sup>194</sup> Thus, nineteenth-century Americans by default looked to women first as the cause of a couple's involuntary childlessness. For nineteenth-century men being blamed for a couple's infertility, irrefutable proof of a physical defect must be provided. Doctors only tested a man's reproductive system after all available resources and treatments had been exhausted on the woman, and even then only at the man's request. R.A. Gibbons confessed in 1910 that medical minds still debated the topic of "how much men are to blame for sterile marriages" but maintained to his medical students that infertility usually was "undoubtedly the fault of the women."<sup>195</sup> Marriage and children became increasingly important to nineteenth-century men but impotence and injuries causing infertility threatened the institution for many. Medical knowledge on the subject typically blamed women for infertility while withholding knowledge that venereal diseases were responsible for many childless marriages. Men coping with infertility did not often see it as a reflection on their masculinity, but Civil War veterans suffering from nonvisible injuries found themselves fighting for recognition. Men in slavery equated fatherhood with their masculinity and humanity and felt the absence of children more keenly than white slave owners.

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<sup>194</sup> Gayle Davis and Tracey Loughran, eds., *The Palgrave Handbook of Infertility in History: Approaches, Contexts, and Perspectives* (London: Palgrave MacMillan, 2017), 17.

<sup>195</sup> Anne Hanley, "The Great Foe to the Reproduction of Race," in *The Palgrave Handbook of Infertility in History: Approaches, Contexts, and Perspectives*, Gayle Davis and Tracey Loughran, eds. (London: Palgrave MacMillan, 2017), 338, footnote 17.

Col. Joshua Lawrence Chamberlain was injured on June 18, 1865 by a minié ball that traveled from his right hip through his left hip and cut into his urethra and bladder, leaving him sexually disabled. It is unknown to what extent this injury left him impaired sexually, but historian Sarah Handley-Cousins concluded from the letters that passed between Chamberlain and his wife, in addition to their lack of children after the war and the medical records of his surgeries, that Chamberlain was left impotent. Letters between Chamberlain and Fanny Adams began their courtship in 1852 with a flurry of exchanges while Adams worked as a teacher in Georgia and Chamberlain remained in Maine. While Adams's letters featured reserved words of affection and contemplated a platonic relationship, Chamberlain's depicted a hot-blooded young man who mused upon marriage and sex.<sup>196</sup> They married three years later. When Chamberlain decided to join the local regiment in 1862, he left behind his wife and their two young children. Fanny did not fully support her husband's decision to fight. Their letters to each other began again with Chamberlain echoing his courtship missives, full of affection for his "precious wife."<sup>197</sup> After his injury, many of the men surrounding him believed it would lead to his death. Chamberlain wrote a bloodied letter to Fanny, believing it would be his last; but he survived the night, continuing to surprise everyone, including himself.<sup>198</sup> He returned to the front with his men within five months and finished out the war in 1865, leaving the military as a brevet major general and with an injury that would plague him for the rest of his life.<sup>199</sup> The painful scars caused him to suffer with mobility issues and his testicles

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<sup>196</sup> Bryan Caswell, "'I am always thinking first of you': The Chamberlains in Love and War," *The Gettysburg Compiler*, <https://gettysburgcompiler.org/2015/02/14/i-am-always-thinking-first-of-you-the-chamberlains-in-love-and-war/> (Accessed March 16, 2020).

<sup>197</sup> Ibid.

<sup>198</sup> Sarah Handley-Cousins, *Bodies in Blue: Disability in the Civil War North* (Athens: University of Georgia Press, 2019), 73.

<sup>199</sup> Ibid., 73.

remained painful and enlarged. One doctor described Chamberlain's penis as "nonfunctioning."<sup>200</sup> When he eventually died, it was from an infection of his wound.<sup>201</sup>

Like Chamberlain, other injured Civil War veterans knew they hindered or prevented their wives from conceiving. Soldiers injured in the Civil War were conscious of their limitations due to their injuries. Minié balls tore through spermatic cords, gunshot wounds left testicles unsalvageable, and many other injuries left men unable to copulate with their wives. The men who suffered those injuries ensured that their fiancées and wives knew that they would never be able to have children. Col. Charles Johnson was already married when he was injured by a gunshot wound to the legs and testicles. In a letter to his wife Mary, he reminded her that any hopes they had had for another child were doomed: "Mary, that thing is 'played out'- or more properly and correctly or definitely speaking 'I am played out'- I am sorry (for your sake) that I can not accommodate you."<sup>202</sup> Lt. Col. Henry Boynton of Massachusetts, who was shot in the groin while leading a charge at Chickamauga in 1863, also never fathered children as a result of his injury. When he married Helena Mason in 1871, the couple fulfilled their parental desires by adopting Boynton's orphaned niece.<sup>203</sup>

Other injured young men found it difficult to court a potential wife if they were visibly disabled. Thus, infertility loomed as a major consideration in communities even if the actual discussion of the topic remained a private one. While some women would welcome home their injured suitors with acceptance and a plan to work against the odds

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<sup>200</sup> Ibid., 77.

<sup>201</sup> Ibid.

<sup>202</sup> Handley-Cousins, *Bodies in Blue*, 81.

<sup>203</sup> Ibid.

together, other women would reject incapacitated soldiers. Fathers of young ladies refused to bless a marriage between their daughters and disabled soldiers due to the fear that the damaged young men would not be able to care and provide for their daughter and their future children.<sup>204</sup> Others returned home from the war with emotional and mental wounds, making it difficult to reintegrate into normal family life, including starting a family.<sup>205</sup> Many soldiers who failed to reintegrate with their families often ended up in soldiers' homes or on the streets. Other Civil War veterans refocused their distress into violence against their families or themselves, sometimes ending with suicide.<sup>206</sup> Research surrounding post-traumatic disorders in Civil War veterans is difficult to procure due to privacy laws in some states preventing historians from accessing necessary nineteenth-century medical records. Civil War-era doctors, veterans, and their families lacked a singular description for post-traumatic disorders which often resulted in inconsistent language in medical texts, diaries, and letters.<sup>207</sup>

Marriage signified the induction of middle-class men into a sexual tribe and fatherhood confirmed their sexual status. However, because society foisted the majority of the blame for infertility onto the wife, there is very little evidence that men who did not have children felt any less masculine than their peers. Medical writers' depictions of fathers show superior masculine men, but childless men did not interpret their lack of children as a negative reflection on their masculinity. Working class men did not

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<sup>204</sup> Ibid., 82.

<sup>205</sup> Ibid.

<sup>206</sup> Sarah Handley-Cousins, "Home from the War," *National Museum of Civil War Medicine*, <https://www.civilwarmed.org/home-from-the-war/> (Accessed March 20, 2020).

<sup>207</sup> Jonathan Jones, "Invisible Wounds: PTSD, the Civil War and those Who 'Remained and Suffered.'" *WSKG* <http://wskg.org/history/invisible-wounds-ptsd-the-civil-war-and-those-who-remained-and-suffered/?c=history> (Accessed March 20, 2020).

establish their “manliness” from their family life but from their peer groups.<sup>208</sup> This does not mean that men did not long for children. The nineteenth century saw the beginning of the nuclear family. Historians have portrayed it as the century of the child. Family focus shifted from the parents’ relationship with each other to the parents’ relationship to their children, creating a child-centered family.<sup>209</sup> Family life was becoming increasingly important to men as it was an opportunity for personal happiness outside of the workplace and away from society. Victorian ideals from Britain encouraged men and women to cultivate strong family feelings.<sup>210</sup>

Men desired children not only for personal enjoyment but also economic success. The majority of families in the early nineteenth century functioned as “corporate families.”<sup>211</sup> These families worked as a unit to farm, run businesses, or otherwise earn money for the family overall. After the Civil War, families increasingly moved off farms and more men than ever began to work outside of the home. When husbands and fathers left each day, the children came to be seen as individuals, rather than another set of working hands. Within their role as providers, men came to value their children more and created a stronger emotional bond within their families. As they left the house each day, fathers strove to retain their rights at home. During the period after the war, men held a considerable amount of influence over the daily running of the house and the raising of the children.<sup>212</sup>

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<sup>208</sup> Stephen M. Frank, *Life with Father: Parenthood and Masculinity in the Nineteenth Century American North*, (Baltimore: John Hopkins Press, 1998), 87.

<sup>209</sup> Suzanne Lebsock, *The Free Women of Petersburg: Status and Culture in a Southern Town, 1784-1860*, (New York: WW Norton and Co., 1984), 159.

<sup>210</sup> Frank, *Life with Father*, 91.

<sup>211</sup> Shawn Johansen, *Family Men: Middle-Class Fatherhood in Early Industrializing America*, (New York: Routledge, 2001), 20.

<sup>212</sup> Ibid.

Children offered men status and became evidence of mutual love in a marriage, sometimes even before they were born. To be head of a family was an honor many men looked forward to fulfilling.<sup>213</sup> Couples often viewed children as living tokens of affection between husbands and wives. One husband told his wife that her pregnancy was “The last proof of [her] affection” for him.<sup>214</sup> To consider a fetus as a living child within a pregnant woman was incredibly rare for a woman in the nineteenth century. The separation between the pregnancy and a living child was wide for many nineteenth-century women. The more recent practice of imagining the child before its birth is largely due to modern technologies that allow women and men to visibly see their children while in the womb. However, some women still discussed their future children while pregnant and even a few men spoke of their future children before their birth. Samuel Cormany wrote in his diary that his wife was expecting “a little pledge of our love and affection.”<sup>215</sup>

Historian Shawn Johansen notes that the growing importance of children prompted some husbands to begin to attend their children’s births, mostly due to the intimate emotional relationships the men had with their wives.<sup>216</sup> Samuel Cormany wrote about his excitement of watching the delivery of his first child. He took great care in encouraging his wife during and after her labor exclaiming, “and so now we have our desire- A baby!”<sup>217</sup> While children were revered by men within the late nineteenth-century family, there was always a risk of losing their wife during the pregnancy or

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<sup>213</sup> Willystine Goodsell, “The American Family in the Nineteenth Century,” *The Annals of the American Academy of Political and Social Science* 160 (1932), 13.

<sup>214</sup> Frank, *Life with Father*, 98.

<sup>215</sup> Johansen, *Family Men*, 55.

<sup>216</sup> *Ibid.*, 55.

<sup>217</sup> *Ibid.*, 58.

childbirth. Many men recognized the risks that their wives took by undertaking pregnancy and appreciated it. Connected to men's growing desire to be present for the labor and delivery of their children, they began to escort their wives to doctor's appointments when they failed to become pregnant. Husbands asked for semen testing for the first time. This step to request testing was a small movement toward recognizing infertility as an issue that a couple faced together rather than strictly a woman's issue.<sup>218</sup> However, even when tested, men were quickly relieved of any blame by the medical tests as doctors were "reluctant to accept male responsibility, tending to exonerate the man if only one sperm cell could be shown to be viable."<sup>219</sup>

Like women, men with reproductive disability potentially faced humiliating examinations and the dissolution of their marriage. Recent research shows that an average of fifty percent of infertility cases can be attributed the male partner.<sup>220</sup> In those instances, the cause was usually husbands' impotence, the inability to become erect or orgasm, a problem seen as legitimate ground for divorce or annulment. Because nineteenth-century marriage included an expectation of children, couples who failed to have them could file for annulment. Annulments could only be accepted if a defect rendered the marriage invalid. The defects- consisting of imbecility, consanguinity, affinity, prior existing marriage, and impotency- must have existed prior to the marriage.<sup>221</sup> In order for the annulment to be granted on the grounds of impotence, the wife must prove she had no prior knowledge of her husband's impotence and argue that it

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<sup>218</sup> Marsh and Ronner, *The Empty Cradle*, 100.

<sup>219</sup> Margarete J. Sandelowski, "Failures of Volition: Female Agency and Infertility in Historical Perspective," *Signs* 15 n.3 (1990), 481.

<sup>220</sup> Kimbell, *The Seed*, 6.

<sup>221</sup> Joanna Grossman and Chris Guthrie, "The Road Less Taken: Annulment at the Turn of the Century," *American Journal of Legal History* 307 (1996), 310.



was her desire to have children, not simply her own sexual pleasure, that led her to seek annulment. The husband, in turn, had to visit a doctor who would confirm his impotency or virility.<sup>222</sup> In the late nineteenth century, the Walters of California underwent this process when Florence Walter filed for annulment due to her husband's inability to consummate their marriage. Florence fielded questions about her own physical health and her attempts to help her husband. Although they attempted intercourse twice a day for four months, there had been no improvement. Satisfied with their inquest, the court granted Mrs. Walter the annulment.<sup>223</sup>

As marriages in the nineteenth century became more companionate and unions more intimate and romantic, relationships carried greater expectations and disappointments, making impotency an increasingly private struggle.<sup>224</sup> In the seventeenth and eighteenth centuries, the problem of impotence had involved a couple's community. Men sought advice from neighbors and friends, discussing intimate details, even going so far as to expose their genitals to neighbors to demonstrate their failure to maintain an erection.<sup>225</sup> When marriage became more private and the topic of sex retreated from polite conversation, men found it more difficult to discussing sexual disabilities and more ashamed when they were exposed.<sup>226</sup> Many men blamed their sexual dysfunctions on the women in their lives. Women they married were too innocent and fragile to defile with "such an animal relation as sexual intercourse," and thus forced

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<sup>222</sup> Marsh and Ronner, *The Empty Cradle*, 27.

<sup>223</sup> Grossman, "The Road Less Taken," 321.

<sup>224</sup> Angus McLaren, *Impotence: A Cultural History* (Chicago: University of Chicago Press, 2007), 103.

<sup>225</sup> Merissa Rhodes and Sarah Handley-Cousins, hosts, "Masculinity, Magic and the Meaning of Impotence in Patriarchal Societies of the Past" DIG a History Podcast (podcast), August 18, 2019, accessed October 23, 2019, <https://digpodcast.org/2019/08/18/impotence/>.

<sup>226</sup> McLaren, *Impotence*, 103.

them into the arms of prostitutes causing venereal diseases.<sup>227</sup> Others complained that women demanded too much from their husbands, harming their own fertility and their husbands' sexual ability. Thus, husbands should set the schedule of sexual intercourse according to their needs and happiness, which would also preserve men's health.<sup>228</sup>

Many cases of male infertility can be traced back to gonorrheal or syphilitic complications. Many doctors believed that sexually transmitted diseases like syphilis did not affect male fertility as they caused so few symptoms. Doctors and the public also believed that male infertility was rare.<sup>229</sup> More often consequences of venereal disease happened to be attributed to alternative factors such as excessive masturbation or a neurasthenic disorder.<sup>230</sup> If, for some reason, infected men's fertility remained unaffected, a chance still stood for the venereal diseases to be transferred to their wives and children. Often, this resulted in the women becoming completely or partially infertile.<sup>231</sup> Men suffering from venereal diseases enjoyed the protection of the medical and legal establishments. Doctors often went through great lengths to prevent a wife from knowing their husband was to blame for her infertility and/or illness. After all, the husband paid the doctor and the wife "might cause a fuss and make her husband's life difficult."<sup>232</sup>

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<sup>227</sup> McLaren, *Impotence*, 105.

<sup>228</sup> McLaren, *Impotence*, 110.

<sup>229</sup> Simon Szreter, *The Hidden Affliction: Sexually and Transmitted Infections and Infertility in History* (Rochester: University of Rochester Press, 2019), 7; Hanley, "The Great Foe to the Reproduction of Race," 338.

<sup>230</sup> Hanley, "The Great Foe to the Reproduction of Race," 338, footnote 22.

<sup>231</sup> To be partially infertile meant that the woman was able to conceive but would miscarry or suffer a stillbirth.

<sup>232</sup> Anne Hanley, "ITV's Victoria Illustrates How Nineteenth-century Sexism Helped Syphilis to Spread," *The Guardian*, <https://www.theguardian.com/science/blog/2017/oct/16/itvs-victoria-illustrates-how-19th-century-sexism-helped-syphilis-to-spread> (Accessed March 3, 2020).

Nineteenth-century infertility caused by venereal diseases was a relatively new topic for doctors due to the late discovery of the diseases.<sup>233</sup> Physicians, who considered the afflictions as minor, did not treat them very energetically, brushing them off as only affecting men who were “sowing their oats.” Gynecologist Emil Noeggerath appeared before the American Gynecologic Society in 1876 and broke ground by asserting that gonorrhea was the root cause of infertility in men *and* women. This claim and his research continued to be ignored by the rest of the international medical field due to his claim that over half of the men in the United States were infected with gonorrhea, who had in turn infected their wives.<sup>234</sup> The president of the American Gynecologic Society regarded Noeggerath’s statements and estimates as “not only offensive but an unwarranted attack on the moral standards of the American male.”<sup>235</sup>

While impotence became an increasingly private matter for those who suffered, nineteenth-century society addressed the problem in popular literature. Novels like Nathaniel Hawthorne’s *Scarlet Letter* (1850), Charles Dicken’s *Bleak House* (1852), and George Eliot’s *Middlemarch* (1872) each presented elderly, exhausted, impotent characters. Edgar Allen Poe’s own impotence reveals itself in stories and poems which, according to psychoanalyst Marie Bonaparte, are littered with “impotence nightmares,” in which the main character fails at everything he attempts.<sup>236</sup> Other nineteenth-century writings classified impotence not as a disability of man but caused by women. All literature produced during the nineteenth century depicting impotence assured the public

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<sup>233</sup> Gonococcus was first observed under the microscope in 1879 by Albert Neisser. Szreter, *The Hidden Affliction*, 6.

<sup>234</sup> Hanley, “The Great Foe to the Reproduction of Race,” 339.

<sup>235</sup> Szreter, *The Hidden Affliction*, 7.

<sup>236</sup> McLaren, *Impotence*, 121.

that only a small portion of men suffered from impotency and that a healthy man's sense of self relied on his virility.<sup>237</sup>

In addition to novels, impotence loomed in nineteenth-century American culture via the figure of George Washington, the father of the country who never had biological children of his own. Victorian ideals kept the topic of impotence an intensely private matter, much like infertility and miscarriage in women, resulting in a scarcity of sources for historians. Yet nineteenth-century Americans' defense of President George Washington is revealing of their attitudes toward impotence and masculinity. Although Washington was a healthy man and his wife, Martha, had successfully given birth to two children from her previous marriage, the couple had no children of their own. Though the possibility of impotence is often mentioned in his biographies, Washington has been defended against claims of impotence because he appeared a "healthy, vigorous man."<sup>238</sup> For such a man of renown, being childless in the late eighteenth-century would have been unusual but not so much so that he would be criticized in the nineteenth century. The blame for their childlessness was placed on Martha, both by spectators of their marriage and by Washington himself.<sup>239</sup> Medical doctor John K. Armory insists that Washington's impotency accounted for his childless marriage with Martha and dismisses all possibilities otherwise.<sup>240</sup> Historian Thomas A. Foster argues that for Americans an impotent Founding Father is problematic because it could symbolize an emasculate man and might give way to a growing weakness in an idealized leader. Historians have found

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<sup>237</sup> McLaren, *Impotence*, 124.

<sup>238</sup> Rhodes and Handley-Cousins, "Masculinity, Magic, and Meaning of Impotence."

<sup>239</sup> McLaren, *Impotence*, 99.

<sup>240</sup> May, *Barren in the Promised Land*, 39.

a way to masculinize Washington in other ways.<sup>241</sup> One popular narrative is that because Washington did not have children of his own, he found a chance to father in the creation of a new nation.<sup>242</sup> Raising a nation did not fulfill Washington's desire for children. Historian Angus McLaren states that Washington never accepted his barren marriage and discussed marrying "some girl" in an attempt to start a family of his own. Washington filled the paternalistic void by becoming deeply attached to his two stepchildren and took guardianship over them. When they died, he adopted two of his step-grandchildren to raise.<sup>243</sup> However, Washington took control of his situation by phrasing his childlessness as an asset that would help him in the running of the nation. In his first inaugural address, which was never publicly delivered, he stated that "I have no child for whom I could wish to make a provision – no family to build in greatness upon my country's ruins."<sup>244</sup> This declaration encouraged people of the nineteenth century to view his childlessness as an added strength in such a remarkable man.

References to men's sexual inability in popular culture and the figure of Washington combined with the ubiquity of Civil War veterans' injuries to create a more public reckoning of men's sexual inability. Like Joshua Chamberlain, however, many men suffered from nonvisible injuries. Though amputees have been the main focus of most Civil War disability research, only seven percent of union soldiers who were injured endured amputations.<sup>245</sup> While other veterans could move about in public openly proud of their injuries, these men were unable to do so. It would draw attention to an intensely

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<sup>241</sup> Thomas A. Foster, "George Washington's Bodies," *Nursing Clio*, <https://nursingclio.org/2014/03/20/george-washingtons-bodies/> (Accessed 10/29/2019).

<sup>242</sup> Rhodes and Handley-Cousins, "Masculinity, Magic, and Meaning of Impotence."

<sup>243</sup> M. J. V. Smith, "The Father Who Was Not a Father," *Virginia Medical Monthly* 103 (January 1976), 22.

<sup>244</sup> McLaren, *Impotence*, 99.

<sup>245</sup> *Ibid.*, 74.

private and emasculating matter. While simply being childless did not emasculate them, the reason for that childlessness did. Amputees received recognition from their towns and neighbors without having to disclose what caused their injuries. For many Union soldiers, an amputation affirmed their masculinity and their courage due to losing a limb “in the most masculine of nineteenth-century activities- war.”<sup>246</sup> Frances Clark notes that amputations and visible injuries “confirmed [veterans’] service and demanded acknowledgement and grateful remembrance.”<sup>247</sup> Men with nonvisible wounds, however, needed to publicly disclose their sometimes embarrassing injuries to receive recognition for their service in the war. The injuries sustained by these men affected their everyday lives, but also their marriages. Chamberlain and his wife nearly divorced at her insistence. Their letters offered no insight into their sexual relationship when he returned home from war but with his injury it would have been impossible to have sexual intercourse. Fanny spread rumors about Chamberlain claiming that he abused her and was denying her a divorce. He wrote that he heard from a friend “that I abused you beyond all endurance – pulling your hair, striking, beating & otherwise personally maltreating you, & that you were gathering up everything you could find against me to sue for a divorce.”<sup>248</sup> This was not the first time that Fanny had maligned her marriage and her husband. Following this last attempt to end their marriage the couple chose to

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246 Erika M. Grimminger, “The Empty Sleeve: Amputees and the Civil War,” WSKG, <https://wskg.org/history/the-empty-sleeve-amputees-and-the-civil-war/> (Accessed March 20, 2020).

247 Handley-Cousins, *Bodies in Blue*, 74-75.

<sup>248</sup> Joshua L. Chamberlain, *The Grand Old Man of Maine: Selected Letters of Joshua Lawrence Chamberlain 1865-1914*, ed. Jeremiah E. Goulka (Chapel Hill: University of North Carolina Press, 2004), 27.

live separately for many years but eventually reunited before their deaths. The private matter of infertility reached into the Chamberlain's social lived in a very public way.<sup>249</sup>

While white men had the luxury of choosing their wives, if and when to have children, and had the pleasure of creating a family, black men in slavery did not always enjoy those luxuries. Black men in slavery seem to have felt the absence of children more severely than their white counterparts. Marie Jenkins Schwartz argues that children allowed men and women a purpose outside of slavery. From the moment a black child entered the world, they became property of their mother's owner. Though black fathers had little agency regarding their own children, WPA slave narratives show how much the absence of children affected black men. Throughout the collection of narratives very few women discuss their own infertility or childlessness, however men interviewed are not as shy on the subject. Alec Boswick of Georgia said his wife "wuz lak a tree what's sposen to bear fruit an' don't."<sup>250</sup> Sam Kilgore from Texas was married twice but had no children, "I's never dat lucky."<sup>251</sup>

Other men rattled off the names of their wives, sometimes multiple due to the frequency of death and sale, and how many children they had with each, attempting to prove their masculinity. One example is George Henderson of Kentucky as he describes each of his relationships, "Married Lucy Mason the first time and had three children, two girls and one boy. I didn't have no children by my second marriage, but the third time I

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<sup>249</sup> Handley-Cousins, *Bodies in Blue*, 80, 82.

<sup>250</sup> *Library of Congress: Federal Writers' Project: Slave Narrative Project, Georgia, Part 1, Adams-Furrs*, <https://www.loc.gov/resource/mesn.041/?sp=200&q=barren>.

<sup>251</sup> *Library of Congress: Federal Writers' Project: Slave Narrative Project Texas, Vol. 16, Part 2, Easter-King*, <https://www.loc.gov/item/mesn162>.

had four.”<sup>252</sup> To many men in slavery, masculinity and fatherhood went hand in hand. Slavery hindered a black man’s ability to be a father in the sense of the responsibility that should have attended that role, harming their sense of masculinity. WPA Narratives depict white men as shirking their duties as fathers whereas black men saw fatherhood as a choice independent of legal bonds and obligations. The choice to be a father came to signify humanity and the day-to-day role of the father ensured humanity to black men and their families.<sup>253</sup>

Fatherhood looked very different for a black man for many reasons. In slave communities, the typical gender roles engineered by society did not apply. It is not that black families were unaware of “feminine” and “masculine” behaviors, but the strict roles of mother/wife and father/husband held less utility for people whose domestic and work lives were never their own.<sup>254</sup> Even the adjustment to emancipation proved difficult for black families as the end of slavery brought the end of many slave marriages.<sup>255</sup> It was not uncommon for marriages to be forced onto the men and women in slavery by their owners. The marriages did not legally bind the couple and if the marriage did not produce children, the owners were free to break the relationship and place the participants with someone new or sell them. When slavery was finally abolished, a number of enslaved families saw the fathers leaving to be reunited with previous wives and families from whom they had been separated.<sup>256</sup> However, not all slave marriages were arranged by

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<sup>252</sup>Library of Congress: Federal Writers’ Project: *Slave Narrative Project Kentucky, Vol. 7, Bogie-Wood*, <https://www.loc.gov/item/mesn070/>.

<sup>253</sup> Andrea A. Dhanraj, “The Representation of Fatherhood as a Declaration of Humanity in Nineteenth-Century Slave Narratives,” (Master Thesis, Hunter College, 2017), 2-3.

<sup>254</sup> Jennifer Hamer, *What it Means to be Daddy: Fatherhood for Black Men Living Away from their Children* (New York: Columbia University Press, 2001), 36.

<sup>255</sup> Ibid., 25.

<sup>256</sup> Ibid.



slave owners. On larger plantations, men and women slaves were able to court slaves from other plantations or even free blacks. It was often to these marriages that the black fathers returned.

While black women in slavery were often operated on to improve their fertility, enslaved men rarely carried the blame, and therefore, fear, associated with infertility. Some men took responsibility for the infertility in their relationships. Ben Brown from Ohio, when mentioning his marriage to a widow with two children, understood that he may have been the reason there “wuz no moah chilluns.”<sup>257</sup> Will Oats of Kentucky, when discussing his first marriage to Emma Barren, said, “I had no children.” Shortly afterward he seemed to correct himself saying, “We had no children.”<sup>258</sup> WPA slave narratives have shown that women were not the only ones forced into surgeries on their reproductive organs. Enslaved men who were seen as scrawny or “runty” were operated on by a few slave owners orders to ensure that their “stock” was not “tainted” with undesired genes.<sup>259</sup> Cornelia Andrews of North Carolina told her WPA interviewer, “Yo’ knows dey ain’t let no little runty nigger have no chilluns. Naw sir, dey ain’t, dey operate on dem lak dey does de male hog so’s dat dey can’t have no little runty chilluns.”<sup>260</sup> There is no evidence that whites tested black men for fertility as extensively as they did enslaved women but this interview suggests that some white slaveowners would castrate or operate on enslaved men.

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<sup>257</sup> *Library of Congress: Federal Writers’ Project: Slave Narrative Project Ohio, Vol. 12, Anderson-Williams.* <https://www.loc.gov/item/mesn120/>.

<sup>258</sup> *Library of Congress: Library of Congress. Federal Writers Project: Slave Narrative Project, Vol. 7, Kentucky, Bogie-Woods.* <https://www.loc.gov/item/mesn070/>.

<sup>259</sup> *Library of Congress: Federal Writers’ Project: Slave Narrative Project, Vol. 11, North Carolina, Part 1, Adams-Hunter.* <https://www.loc.gov/resource/mesn.111/?sp=150&q=adopt>.

<sup>260</sup> *Library of Congress: Federal Writers’ Project: Slave Narrative Project Vol. 11, North Carolina, Part 1, Adams-Hunter.* <https://www.loc.gov/item/resource/mesn.111/?sp=150&q=adopt>.

While the story of infertility often holds the spotlight on women who remained childless, it is important to recognize the men who suffered alongside them. While the record leaves little evidence of men who felt disheartened by the lack of children or the role they may have played in the inhibition of pregnancy, there remained a loss of family. There is much left to be learned about the role men played in nineteenth-century infertility and how they reacted to miscarriages and childlessness. Many Civil War veterans understood their own role in the inability to have children due to their injuries. Others were capable of bearing children but found courting a woman difficult due to the idea that their injuries would prevent them from providing for a family. It is understood that able men felt less connection to their unborn children while their wives were pregnant but as the century progressed children became increasingly more important to personal happiness. Husbands took more interest in their wives' pregnancies and childbirth experiences, asking to be present during the process and sometimes to have their own fertility tested. Black men, however, suffered a much different experience and associated higher stakes to childlessness. Children and fatherhood represented a humanizing experience and allowed black men a life outside of slavery. Because children were so valuable to black families, the inability to create a family would have been felt more deeply to a black man. Little research has been conducted on the topic, however, due to a scarcity of sources. Fatherhood represented an important role for all, and though women bore the majority of the blame for infertility, the inability to become a father weighed heavily on the nineteenth-century man. What may have been put to words only privately held quite public consequences.

## V. Conclusion

The struggle of infertility and the pain of unfulfilled paternal desire is a universal part of the human experience. However, many men and women felt, and still feel, the need to hide their stories, due to shame and despair. Although a great deal of the individual struggle experienced by involuntarily childless couples in the nineteenth century unfolded in private, the consequences of infertility manifested themselves in public ways. Infertility loomed as a public social, political, and economic issue even as men and women only reluctantly discussed it.

While the historiography on infertility is growing, the dominant narrative still privileges the medical history with little insight into women's personal and social experiences. Infertility defined a free nineteenth-century woman's position in society, marriage, and family. Women who could not have children were ostracized, humiliated, and punished. They were left with few options. Many chose to adopt children or mother in alternative ways in order to have a chance of fulfilling their desire for family.

While most mentions of reproductive agency in the scholarship of slavery emphasize the desire to prevent conception or birth, many bondswomen without children felt loss. Women in slavery found that their infertility could cause separation from their families and often painful experimental surgeries in attempt to produce children. The continuation of slavery depended on a reproductive population of black men and women, often forcing women to endure painful and dangerous operations. Ironically, enslaved men and women who wanted children and slaveholders who wanted a profitably reproducing workforce found themselves in a limited sort of common cause. Yet enslaved women who endured procedures without their knowledge or consent suffered.

The stories of men confronted with infertility in the nineteenth century are almost completely absent. The institutions of marriage and fatherhood were vital to the nineteenth-century man's place in society. Injured Civil War veterans suffered from a lack of both and felt the loss in their own views of their masculinity. Civil War veterans with visible injuries causing others to doubt their fertility placed men in an unprecedented situation—having to disprove an assumption of infertility. Men in slavery felt the loss of fatherhood as a reflection on their own humanity as well as their masculinity.

The letters, diaries, and interviews relating to the nineteenth-century experience of infertility prove its importance to the American sense of self-worth and its implications for family and social life. Taken together, the experience of fertility represented a contradiction. Although infertility was viewed as something to discuss only privately, the consequences proved public.

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